

R. BERYL HUNTER, DMD, MD, PC

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OFFICE FINANCIAL POLICY

It is your responsibility for payment of medical services in this office for yourself and your dependents; due payable at the time of services. Insurance coverage is subject to *eliminations, exclusions, waiting periods, frequencies, age restrictions, deductibles, and maximums*. Therefore, there is no guarantee that your insurance will pay the exact amount estimated. Any difference between our total charges and the ESTIMATED insurance payment is due at the time of service. We will need to receive the insurance payment **within 60 days** of filing the claim or the remaining balance will be transferred to the patient/guarantor, and will be due immediately. You will be responsible for any payment of fees not covered by insurance.

Medical and Secondary Insurance Billing

If you have dual dental insurance, we will only provide a treatment estimate based on the primary insurance benefits. Therefore, we will collect the estimated patient portion on the day of surgery. Once we have received the payment/*Explanation of Benefits* (EOB) from the primary insurance carrier, we will submit the claim to the secondary insurance carrier. Our office will send a reimbursement for any payments made by the secondary insurance. If your medical insurance is primary and your dental insurance carrier requires an EOB from your medical insurance carrier before they will process the dental claim, we will submit a medical claim on your behalf. However, if we are unable to obtain the medical EOB within 30 days of the claim being sent, it will be the patient/guarantor's responsibility to provide our office with a copy of the medical EOB/denial. The patient/guarantor will have an additional 30 days to provide our office with a copy. If we do not receive it within those 30 days, the estimated insurance payment will be due immediately by the patient/guarantor.

Minor Patients

In the case of pending divorce or separation, the party responsible for the account prior to the divorce or separation remains the responsible party. After a divorce or separation, the parent that authorized the treatment for the child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Implants

Once you have completed the implant process Dr. Hunter will refer you back to your dentist for the restorative portion. This will include a crown (tooth) to be placed on top of the implant. The crown is a separate fee that is calculated and billed directly by your dentist and is not combined or included with our implant fees.

Pathology Specimen

When a pathology specimen is submitted for examination after a biopsy procedure, whether alone or in combination with another procedure, you will receive a separate billing statement from the pathologist for the evaluation and the report of the specimen. Our estimate only reflects the surgery portion of the fee and not the pathology report.

Payment Information

We accept cash, personal check, American Express, Visa, Mastercard, Discover and Care Credit. We do not offer in-office payment plans.

Collections Policy

Any remaining balance on the account after insurance has made their final payment may include an additional monthly interest rate of 18% added onto the account for each month the account is not paid in full after 90 days. If the account is assigned to a collection agency, you will be liable for any collection fee charged by the agency, plus other collection fees of 30% and any reasonable attorney/court fees. There will be a \$50 fee assessed for checks returned due to insufficient funds.

By signing below, you authorize the submission of claims without obtaining a signature on each claim submitted. You give authorization and consent for treatment after having a full explanation of proposed treatment, alternatives, and risks by the doctor. You hereby authorize Dr. R. Beryl Hunter, DMD, MD, PC and its employees, agents, and assignees to contact you via e-mail, text messaging and to your cellular devices using automated telephone dialing systems.

I have read and agree to the financial policy outlined above:

Signature of Guarantor _____ Printed Name _____ Date _____