



## **Financial Policy and Agreement**

Thank you for choosing us for your dental needs! We are committed to providing you with excellent care and convenient financial arrangements.

Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial capabilities. To confirm your understanding and agreement with our policies, please read the following.

### **Payment:**

Welland Smiles Dentistry files the primary and secondary insurance claims on behalf of the patients and requests their insurance company to pay the dental office directly. Patients are required to pay the remaining balance if the insurance company does not pay in full.

We cannot waive co-payments and deductibles. This payment is required at the conclusion of the appointment. We handle all billing details with the insurance company. If the insurance company denies payment to the dental office directly, the patient will be notified, and the patient will be responsible for payment to the dental office and collecting the money from their insurance company.

### **Non-insured patients**

Payment in full is due at the time services are rendered unless prior financial arrangements have been made. We accept Visa, MasterCard, American Express, Debit, personal cheques and cash.

Patients are provided with their bill and encouraged to review and understand what treatments were carried out.

### **Electronic submission policy**

Your insurance claim form will be transmitted automatically to your carrier over the internet. A claim acknowledgment form will come directly from the insurance carrier. This form verifies that they have received your dental claim for processing, or an 'explanation of benefits' form, which indicates the exact amount of the claim for which they will pay and your portion that is not covered. Unfortunately, not all insurance companies accept electronic submission. Therefore, we may need you to sign the manual claim form for processing.

### **Insurance:**

Our office is committed to helping patients maximize their benefits and insurance policies vary greatly. Therefore, you are fully responsible for knowing your own dental insurance policy and what you are not covered for. Treatment is recommended based on what you need NOT on what is covered by your plan.

It is not always possible for us to find all the information concerning your insurance plan, as insurance companies are not obligated to disclose any or all information to us under the privacy act. We recommend that patients verify their coverage with their insurance company.

Insured patients are encouraged to provide us the following information about their insurance policy. If in doubt, always ask the insurance company.

**Information required:**

- Name of insurance carrier
- Policy number, certificate number (ID) and division number (if any)
- The anniversary date of the policy, for example is it January 1<sup>st</sup> or rolling calendar year
- The annual maximum benefit per patient per year for basic services and for major services (there may be a combined maximum or a separate maximum)
- The annual fee guide covered by their insurance policy (2018, 2019, and 2020 etc...)
- Percentage of coverage allowed for diagnostic, preventative, restorative, endodontic, periodontal services and all other major treatments, such as crowns, bridges and dentures.
- Number of scaling units covered per year and frequency etc...

As a courtesy, we will gladly send your claim electronically for you, on your behalf, to your insurance company providing that your company does allow electronic submission.

**Minors:**

A parent or guardian must accompany all minors to their dental appointments. The parent or guardian accompanying the minor is responsible for full payment. In the case of divorced or separated parents, the parent accompanying the child is responsible for payment, without any exception. This office will not attempt to collect payment from a parent that is not present in the office at that visit. It is not our responsibility.

**Missed Appointments:**

Once an appointment has been made a room is reserved specifically for you. Please be considerate and allow at least two business days to change or cancel an appointment in order to avoid a service fee.

**Service Charges:**

Service charges are applied on all overdue accounts. We understand temporary financial problems may affect timely payment of your balance in some cases. In those situations, we encourage you to communicate any such problems immediately to our Front Desk team at 905-735-5155 during regular business hours.



**Financial Consent and Authorization for Treatment**

We wish to stress that the financial responsibility for services rendered rests with the patient and his/her family, regardless of any insurance coverage; your insurance policy is a contract between you and your insurance company. We cannot guarantee payment or coverage of your claim.

I agree to pay all fees and charges for services rendered at Welland Smiles Dentistry for myself and my family. I agree to pay all charges when presented with a statement, unless prior credit arrangements are agreed upon in writing. I understand and agree, regardless of my insurance status, I am ultimately responsible for any unpaid balance on my account.

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Print Name

Signature

Date