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FINANCIAL POLICY FOR THE DENTAL OFFICE INCLUDING POLICY FOR PARENTS WITH DENTAL INSURANCE

This form explains to all our patients billing process of the office- much like a payment agreement for a credit card, or billing policies and procedures for utility companies. For the answers to any other questions you have, please ask to our staff members- we're here to help. The primary goal for our dental practice is to provide the highest quality oral health care in the most gentle, efficient and enthusiastic manner. Since our practice is also a business with obligations that must be met, we ask that all parents pay for their treatments in full on the day of each visit to our office unless prior arrangements have been made. We will do our best to give you a rough estimate of your investment in your dental health for each upcoming visit, based on your individual treatment plan. You will be given a very close estimate of your next visit's total bill. Your dental appointments are scheduled carefully. Time, trained personnel and dental equipment are reserved for each procedure. Missed appointments add to cost of dental care when reserved facilities are left waiting empty. We request 24 hours advance notice for rescheduling your appointment. Your account will be charged a broken appointment fee of \$25.00 for repeatedly missed appointments without proper notification.

Outstanding balances on your account are discouraged and must be cleared before the next appointment for any account member or within 30 days of treatment, whichever come first. Appointments for non-emergency treatment may need be postponed payment of outstanding balances. Amount due and not paid in full within 30 days will be charged interest at a rate of 1.5% per month in addition to a \$5.00 monthly billing fee per statement. Delinquent balances over 90 days old will be referred to Trans Union Credit Information Company via Hornell Credit Bureau. All referred accounts are marked "inactive". In order to have your account "Reactivated", and continue to receive dental treatment in our office, the delinquent balance plus a "Reactivation Fee" of 50% of the delinquent referred to the collection agency will be charged to your account. Only after this total account balance has been paid in full can appointments be made, and your account and patient status be reactivated.

A returned check fee of \$40.00 (subject to change as bank fee increase) will be add to your account for any returned check. Before we accept anther payment by check, the \$40.00 fee plus full payment for the check that did not clear must be paid in cash or by Visa, Mastercard or Discover.

You need to bring your insurance card, coverage booklet, and a completed and signed dental insurance claim form at your first visit, and at any time your insurance changes. You need to be aware that:

***We will always do our best to help you to maximize your benefits, but treatment is not based on coverage but need.**

*** Although we file claims for you as a courtesy, your dental insurance policy is a contract between you, your employer and your insurance company. We are not a party to your, we are a participating provider.**

*** Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. It is your responsibility to thoroughly understand the coverage and exceptions of your policy. Coverage issues can only be addressed by your employer or group plan administrator. We cannot act as a mediator with the carrier or your employer. It is likely that some insurance companies will not cover tooth colored fillings (resins) or non-metal crowns (porcelain) and the procedure gets downgrade to metal containing material. You are responsible for the cost difference between the materials of choice. Please understand that is your responsibility to know and understand your insurance coverage.**

***As a courtesy to all of our insured patients, we will file your dental insurance claim form, in such cases, you are responsible at the time of the treatment for payment to us of any applicable deductible and for your coinsurance portion. Any payments made directly to you by your insurance company on unpaid balances should be forwarded immediately to our office so that your account may be credited accordingly statement can be avoided if your personal financial responsibility is clear within 30 days of your treatment, thereby eliminating the need for statements to be generated and mailed to you.**

***Your claim will be filed immediately, and benefits are expected are to be paid within 30 days. The filing at an insurance claim does not relieve you of timely payment on your account. If the claim is not cleared by your carrier in 45 days, the unpaid portion will automatically become "self-pay" and a statement will be issued to your unpaid portion. You are responsible for any amounts your insurance company chooses not to pay, for whatever reason. Please feel free to contact your insurance company regarding unpaid benefits.**

I agree to pay for all treatment in a timely fashion as described so as to avoid any additional fees. I hereby authorize my insurance benefits to be paid directly to Dr Lizette Barzaga DMD PA, BL Dental Miami. I realize that I am responsible to pay for any deductible amount(s), my co-insurance portion for any non-covered services. I understand that I am financially responsible for any and all changes of dental treatment and incurred fees, whether or not paid by said insurance and I agree to pay such charges in full. I also hereby authorize the release of pertinent medical/dental information to the insurance carrier(s). this order will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as a valid as the original.

Patient Name and Signature (or parent of minor)

Date and Staff Initials