

CONVIVIAL DENTAL PC
FINANCIAL POLICIES AND AGREEMENT

We, the doctors and staff of Convivial Dental, thank you for choosing us as your dental provider.

We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with the highest level of care and to building a successful provider-patient relationship with you and your family. We believe your understanding of our patients' financial responsibility is vital to the provider-patient relationship and our goal is not only to inform you of the provisional aspects of that financial policy but also to keep the lines of communication open regarding them. If at any time you have any questions or concerns regarding our fees, policies, or responsibilities please feel free to contact our office at 617-735-0800.

We believe this level of communication and cooperation will allow us to continue to provide quality service to all of our valued patients.

Philosophy of Care: We believe that scientific evidence must "drive" preventive and treatment decisions and we strive to optimize your health now and for the future. We believe that care should be individualized. We believe that risk assessment is important. Risk assessment and risk-based treatment offers individuals the opportunity to receive care that may differ from others with different risk levels. We believe that dental care should be as comfortable as possible and we will offer options to reduce pain and anxiety (nitrous oxide and oxygen sedation, conscious sedation, etc.). Some of these options are not covered by insurance, therefore you may wish to contact your insurance carrier to inquire about coverage. We value dental esthetics and believe that self-esteem is directly linked with how teeth appear. Some •• so called "esthetic procedures" are not covered by insurance, therefore you may wish to contact your insurance carrier to inquire about coverage.

Timing of Payment: Prompt payment for services is an important part of the provider-patient relationship. Payment for services is due at the time of service. Occasionally a payment arrangement (payment plan) has been approved in advance by both parties. When a signed payment plan exists, payments follow the agreed upon schedule. If you have dental insurance, we will estimate your co-pay and submit the claim to the insurance. Payment for the co-pay is due at the time of service. Because there are various factors that affect the calculation of the co-pay, final charges for the service for which you paid a co-pay for may be different than what you paid at the office.

Form of Payment: We make payment as convenient as possible by accepting cash, personal check, MasterCard, Visa, and AMEX. Paying with cash is acceptable and is associated with a 5% discount. We also offer CARE CREDIT as an option. CARE CREDIT is a form of pre-approved credit card for medical and dental services. Please inquire at the front desk for more details of how to apply.

A service fee will be charged for all returned checks. Additionally, you may authorize us to keep your credit card on file for your convenience knowing that we adhere to the highest level of information security.

INSURANCE:

Please remember that your insurance policy is a contract between you and your insurance

carrier: You are ultimately responsible for all treatment charges incurred that your insurance will not cover.

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We will-, as a courtesy, bill your insurance (submit a claim) and help you receive the maximum allowable benefit under your policy.

We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from their insurance carrier. We do expect patients to be interactive and responsible for communicating with their insurance carrier on any open claims.

It is your responsibility to provide all necessary insurance eligibility, identification, authorization and referral information, and to notify our office of any information changes when they occur.

Some HMO plans require that children over a certain age are not eligible to receive care at a specialist's office. Please be aware of the age limit and notify our front desk when your child becomes ineligible for services.

Please note that we are contractually obligated to collect co-payments, deductibles, and co-insurance fees. If we do not collect the fees or if we offer discounts, we may face severe penalties by the insurance carrier.

Pre-estimates and pre-authorization does not guarantee payment by your insurance carrier.

Pre-estimates are called pre-estimates because in Dentistry it is often difficult or impossible to pin point exactly the level of care prior to the actual operation. The actual disease status may prove to be less severe or more severe than what the original diagnosis was or what the radiographs pointed to. To serve you better, we often need to modify the procedure at the time of operation to eliminate all dental disease present. Involving more tooth surfaces in treatment leads to a higher fee. Because dental diagnostic and imaging methods are not 100% accurate, this issue is often impossible to eliminate. We will exercise our best effort to create a pre-estimate that is as close to the final charges as possible.

In contrast to medical insurance, dental insurance plans often have maximum benefits, a certain dollar amount per year allowed. Once the maximum benefit is used, the insurance will not cover any other procedure until the start of the next year. It is your responsibility to know your maximum benefit and to monitor your dental insurance utilization throughout the year. Please inform us when the maximum is nearly reached.

Medical Insurance: Medical insurance often covers certain dental procedures. To allow for flexibility and to maximize your benefits, we will submit certain claims to Medical Insurance and certain claims to Dental Insurance. Please understand that we are not allowed to submit the same procedure to both (unless one denies the claim).

Fluoride Treatment for children is usually recommended twice a year. If the patient is at high risk to develop cavities, fluoride treatment must be done 3-4 times per year. For other plans, age restrictions apply. Science shows that everyone, even adults, benefit from frequent fluoride applications. Thus, the decision to treat is not driven solely by finances. We will discuss our Recommendations with you to inform you prior to you making an informed decision. Please note that you must call your insurance to identify the fluoride frequency they cover and to remind our Providers about such frequency.

Silver Diamine Fluoride application is a new method for mineralizing dental caries. It is especially

valuable in very young children. We use this method with good results. However, please note that not every insurance plan covers the service.

Composite Fillings vs. Amalgam Fillings: Each carrier has specific guidelines and restrictions in determining the benefit for restorations. Dental amalgam is considered safe for the patient and has been used for over 100 years in Dentistry. However, because amalgam is considered an environmental pollutant and because the United States is a signatory to the Minamata Convention, that calls for phasing out of amalgam restorations, our default material is the dental composite or the glass ionomer. Please note that occasionally we will ask for your permission to place an amalgam if this is the choice of material that best serves the patient.

Nitrous Oxide/Oxygen Sedation usually is not a covered dental insurance benefit. If nitrous oxide treatment is recommended, we require payment of \$150.00 at the time of service. If the nitrous oxide sedation is administered and treatment cannot be rendered due to patient anxiety, the fee will be charged.

Behavior Management Fee/Pre-Appointment Oral Sedation: Pre-medication or oral sedation given prior to the dental appointment is usually not a covered benefit. This service is listed as "behavioral management." If premedication is recommended, we require a payment of \$105 at the time of service. If nitrous oxide and premedication are required, the out of pocket charge will be \$255 (\$150 + \$105). This charge is independent of the completion of the scheduled treatment or not.

Sometimes young children or patients with dental phobia are not able to overcome their fears regardless of the provider's best efforts or behavioral or pharmacological agents to help relax the patient. If time has been set aside for operative treatment with the dentist, and treatment cannot be rendered due to patient anxiety, there will be a charge applied for each 15 minutes spent with the dentist. This service appears under the term "behavioral management" or "facility fee" and is your responsibility. The reason we request the facility fee is to defray part of the operational expenses associated with using the facility and the assigned personnel.

Missed Appointments: We require notice of cancellations at least 24 hours in advance. This allows us to offer the appointment to another patient. If you fail to keep your appointments without notifying us in advance, a missed appointment fee of \$50 will apply.

Procedures not covered by insurance remain the responsibility of the patient.

Patient Copayments: Copayments are due at the time services are rendered. We will do our best to estimate insurance coverage and patient portions due. If the insurance company does not pay the full amount anticipated, the patient is responsible for the difference.

I have read and understand the above financial policy. I agree to assign insurance benefits whenever applicable. I also agree to be responsible for the fee charged by the collection agency for costs of collections if such action becomes necessary, in addition to the amount owed.

Signature

Date

Patient(s) Name(s)