Janis Moriarty, DMD, PC

Financial & Practice Policy Acknowledgment

ALL PATIENTS ARE REQUIRED TO SIGN AND DATE OUR FINANCIAL & PRACTICE POLICY

INSURED & NON-INSURED: YOUR DENTAL BILL IS YOUR RESPONSIBILITY. CO-PAYMENTS & BALANCES MUST BE PAID IN FULL ON THE DAY SERVICES ARE RENDERED. FINANCES ARE HANDLED ON THE PREMISES.

Please note that our fees are the same for all of our patients regardless of dental insurance. We offer the following methods of payment: Cash, check, Visa, MasterCard & Discover as well as debit and flex spending cards. We do not accept American Express. There is a charge for a returned check. **Our practice is In-Network with the following dental insurance plans: Delta Dental Premier, BCBS Dental Blue Indemnity Plan, Cigna PPO & Altus Dental.**

We are committed to providing you with the best possible dental care. Our professional services are rendered to you, not your insurance company. Our fees reflect our professional commitment to excellence and generally, but not necessarily, fall within the Usual and Customary fee structure determined by your carrier. We do not allow insurance companies to dictate treatment according to their guidelines. Unlike insurance companies, our practice and its providers keep our patient's best interest in mind. For patients with no dental insurance, payment is due in full at each appointment as services are rendered. Patients with dental insurance coverage are required to pay the Usual & Customary Percentage that your dental insurance company will not pay at each appointment as services are rendered. A 50% deposit is required for lab involved procedures at the first visit.

Co-payments collected may not include your individual deductible or non-covered fees. If the percentage collected differs from your dental insurance plan coverage you will be billed for the balance. Your signature below authorizes your insurance company to pay Dr. Janis Moriarty directly for services rendered on all insurance submissions and allows the dentist to release all information necessary to secure the payment of benefits and to balance bill you if allowed by contracted and or non-contracted insurance plans. We are not responsible for procedures not covered by your insurance plan.

You can speak to any of our administrative staff to make financial arrangements that are reasonable for both parties involved only if your co-pay or balance is substantial. Ask about our P.A.C.T. Program. P.A.C.T. cannot be used for Invisalign cases. Our Invisalign fee(s) must be paid in full when the case is accepted. If you feel the financial arrangement is not feasible and you wish to proceed with your treatment, we ask that you pay in full with your Visa, MasterCard or Discover. Balances on account must be paid in full before other treatment can be started. The dental/medical field deals with considerable increases as a cost of doing business and to remain compliant. Our fees may be adjusted without notice but treatment planned fees will be honored for 3 months. We require that any products purchased be paid in full at the time of your visit.

We can provide you with a treatment plan that will show you our fees and what you are ultimately responsible for without insurance coverage. It will display what insurance is "expected" to pay but since it does not know the specifics of your dental plan we will do our best to send a pre-estimate for your convenience. A pre-estimate is a request for a benefit breakdown from your dental plan. This will give our office and you a better idea of your approximate co-payment for your dental procedures. This is typically done for Type II - Restorative & Type III - Major (Crowns, implants, bridge, partials, etc) procedures. Your co-payment is expected at the time services are rendered.

Your dental benefit program is a contract between you, your employer, and the insurance company. As a courtesy to you we will submit your dental claim(s) to your dental insurance plan. You are responsible for understanding the coverage, guidelines and limitations of your dental insurance policy. Our office will not be responsible for any non-covered services under any circumstances. You are responsible for any unpaid portion from a dental claim on yourself or family member(s) under your account including but not limited to deductibles, reaching or exceeding your maximum, frequency limitations, age limitation clause, missing tooth clause, multi-surface allowance clause, waiting period, alternate code clause, non-coverage of resin (white filling material) restorations. You are responsible for providing us with sufficient dental insurance information to submit your claims. We require your social security number if your dental insurance uses it as your subscriber I.D. to properly submit your claims and pre-estimates. If you do not wish to give us your social security number to properly submit to insurance you will be responsible for paying for services rendered in full at each visit. We can supply you with a dental claim form for you to submit to your insurance company for reimbursement. Please be aware that any parent or legal guardian bringing a child to our office is legally responsible for payment of all services rendered to that child. In the case of separated or divorced couples, our office cannot be involved in disputes over responsibility for family account balances.

You will receive automatic email & text appointment reminders which you can opt out of at any time, but ultimately your scheduled appointments are your responsibility. Your account will be charged for missed appointments or canceled with less than a 24 hour notice. After three missed appointments, we reserve the right to refer you to a dental practice that better suits your scheduling needs. We reserve the right "not to treat" if we feel it is not in our patients best interest due to, but not limited to, illness, behavioral issue, chemically altered or non-compliant.

A finance charge is computed at a periodic rate of 2.5% per month which is applied to all balances over 60 days. Accounts 90 days and over are subject to dismissal from this practice and forwarded to a collection agency. Once an account has been dismissed for non-payment or sent to a collection agency it is not reversible. All members of a delinquent account are affected and cannot return to this practice. I acknowledge the policies of this practice and understand that I am financially responsible for all charges whether or not paid by insurance.

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Patient or Responsible Party's Signature Date