FLEMING FAMILY DENTISTRY & AESTHETICS
4728 Limerick Drive, Suite B
Carmel, Indiana 46033
(317) 848-1884

FINANCIAL POLICY

We feel that all patients deserve the very best dental care we can provide.

Insurance (If applicable)
While the filing of commercial insurance is a courtesy that we extend to our patients, all charges for services and materials are your responsibility from the date services are rendered, unless our office has a contractual agreement with your dental plan prohibiting a portion of the charges. In this instance, you will be responsible for all charges up to the contracted fee. A 45-day grace period will be allowed for insurance payment, provided co-payments are made at time of service. Prepayment of services may be required for extensive treatment plans.

Please remember that any insurance contract you have is an agreement between you, your employer and the insurance company. We are not a party to that contract. Our fees reflect our services, not an insurance company's reimbursement schedule. Certain insurance companies may choose not to pay your dental fee in full. This is not uncommon and is unfortunate for those affected by this situation.

If your insurance company selects a level of reimbursement (an arbitrary value sometimes referred to as "usual and customary), which is below our standard fees, the responsibility of the remaining balance is placed on you when applicable. The payment schedule will be based upon the estimated benefit coverage provided by your insurance company._____

NON-INSURED PATIENTS
Payment is due date services are rendered. _____

Predetermination of Insurance Benefits
A predetermination of benefits is a written request for verification of benefits. Although insurance will not guarantee payment until a claim is received and processed, a predetermination gives an estimate of how much a proposed treatment plan will be covered under your dental program. A predetermination lets you figure your costs before you receive major treatment. We will be happy to file a predetermination of insurance benefit on your behalf for major or unusual services. There is an administrative charge of $25.00 to file the predetermination. This fee will be applied towards your balance once treatment has been initiated._____

Minor Patients
The adult accompanying a minor and the parents (or guardians of a minor) is responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless prepayment has been made for service to be rendered._____

Composite/Resin Fillings
Composite/resin fillings are tooth colored fillings. Most dental insurance companies will only pay for the cost of an amalgam (silver) filling. You will be given the option of the type of filling; however, you will be expected to pay the difference at the time of service. The difference in price will vary between insurance companies and the size of the filling. If you have any questions, please ask._____

Full—Cast Restorations
Full-cast restorations are made of an alloy, which is predominantly (85%) gold, with other precious metals, such as platinum and palladium. The remaining 15% of the alloy is made of metals for color and strength. Due to the rising cost of gold, our lab fees for these restorations fluctuate. Therefore, we include a surcharge with the procedure depending on the current market value of gold. If you have any questions, please ask Dr. Fleming._____

NSF Checks
All checks returned for non-sufficient funds will incur a $40 service fee._____

Delinquent Accounts
Should the account become delinquent (past 90 days), the patient (parent/guardian for minors) will be responsible for all collection costs; reasonable collection agency fees equal to thirty (30%) of the delinquent balance and reasonable attorney fees, shall be added to the amount due on the account, plus any applicable court costs, or any other fees incurred to collect this debt. Also, after 90 days your account will accrue 5% interest on the balance or a $25 billing charge each month, whichever is of greater value._____

Missed Appointments/Late Cancellation
Unless canceled at least 24 hours in advance (72 hours for Monday appointments), our policy is to charge for missed appointments at the rate of $25.00 per one-half hour scheduled. Please help us serve you better by keeping scheduled appointments._____

Authorization and Release
I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered during the period of such dental care to third party payers and/or other health care practitioners. I authorize and request my insurance company to pay directly to Fleming Family Dentistry and Aesthetics, insurance benefits otherwise payable to me._____

_____ _____
Signature of responsible party for payment Date