



Financial Guidelines

Chillicothe Pediatric Dentistry

General Recommendations

- The patient or their responsible party (hereafter, referred to as “the patient”) is encouraged to bring current insurance card(s) to every appointment at Chillicothe Pediatric Dentistry (“CPD”). Insurance providers, policy and member identification numbers, and billing/contact addresses tend to change frequently, and it is the patient’s responsibility to communicate any changes in coverage, so appropriate information I can be entered on submitted insurance claims.
- It is the responsibility of the patient to advise CPD staff of any changes to personal addresses, telephone numbers, and other demographic information to ensure accurate status of patient’s account.

Patient Responsibility

- It is important for patients to understand their insurance policy. CPD staff will assist patients with questions regarding their insurance, but the patient is ultimately responsible for understanding what their insurance covers (or doesn’t cover,) percentages of treatment covered, and for paying any account balance. Patient should contact their insurance company, if they have additional questions prior to receiving services.
- Patients whose insurance remits all payments directly to their home address (rather than directly to CPD,) are required to pay all fees on the date services are rendered, unless arrangements are made with CPD staff prior to treatment.
- Fees are due on date of service for patients without dental insurance, unless arrangements are made with CPD staff prior to treatment.
- By signing CPD’s treatment and financial responsibility consents, the signing parent (or guardian) agrees to make payment of all out of pocket expenses. Divorce or separation agreements, wherein another parent is responsible for payment of treatment costs, will not be honored by CPD. The signing parent accepts responsibility for making treatment payments, or separately pursuing reimbursement from the other parent.

Co-Payments (Co-Pays)

- **All co-pays are due the date of service.** CPD accepts cash, checks, and major credit cards. If patient arrives at an appointment without their co-pay, their appointment may be rescheduled to a time that better meets their financial needs. CPD staff will estimate patient’s co-pay for each visit or submit a predetermination request to patient’s insurance, upon patient’s request, prior to their appointment to provide patient with the best possible estimate.

Usual & Customary Rates

- CPD maintains fair and reasonable fees. The patient is responsible for payment regardless of an insurance company's arbitrary determination of usual and customary fee rates. A patient's insurance policy is a contract between them and their insurance company. CPD has no authority to act on behalf of a patient regarding any disagreements or disputes between a patient and their insurance company.
- CPD reserves the right to charge for services not covered by insurance (telephone calls, after-hour or weekend services, form completion, and copying of requested office documents and/or x-rays, etc.).

Third-Party Liability

- If patient is being treated for a personal injury (e.g. car accident) and a third party is responsible, CPD is not responsible for billing the third party nor negotiating a settlement on a disputed claim. Full payment is expected from the patient on the date of service, unless insurance will be covering a portion. If insurance will be covering a portion of the balance, patient's co-pay will still be due on date of service.

Collections

- Account balances are due within two weeks of patient's receipt of first billing statement. If an outstanding balance remains unpaid or arrangements are not agreed upon and honored, patient's account may be forwarded to an outside collection agency. CPD reserves the right to refuse credit or service to anyone who neglects their financial responsibility and allows their account to become delinquent.

Insufficient Funds

- If a check is returned due to insufficient funds, the patient will be required to pay an additional \$35 in addition to the uncovered amount of the check.

Missed Appointments

- Patient may be charged if 24-hour notice is not given for cancelling or moving an appointment. Patients who frequently miss appointments may be discharged from CPD.

(All financial situations are different, and will be evaluated on a case by case basis. These financial guidelines are intended to be a general framework witting which our office operates. We do NOT wish to send anyone to collections our to withhold treatment for a child in need. Unfortunately, as a for-profit, private dental office, we MUST pursue payment for our services, and will do everything in our power to accommodate our patients and their families.)