



Phoenix Dental Design

Financial Policies

General Financial Polices:

To ensure transparency and understanding regarding financial responsibilities, we have adopted the following financial policy. If you have any questions, please feel free to ask our front desk team. We are dedicated to providing the best possible care and service to our patients and regard complete understanding of our financial policies as an essential element of care and treatment.

When treatment has been recommended, a treatment plan will be prepared. It will detail dental needs as well as the related estimated costs of that treatment. Our office is a fee for service dental office, and full payment or insurance co-payments are due at the time of service. For your convenience we accept cash, check, Visa, MasterCard, Discover, and American Express. Payments by credit card can be done in person in the office, by phone, or on our secure website at www.PhoenixDentalDesign.com/Payments.

We accept CareCredit as another payment option. CareCredit is a convenient, credit-based, minimum monthly payment credit card specifically designed to help you pay for healthcare over time. Please ask our front office team if you would like additional information.

- If you are covered by an insurance plan that agrees to pay our office directly, and you have given permission to your insurance company to do so, we will bill your plan and will only require you to pay your estimated co-payment at the time of service. Any remaining balance would be due upon receipt of our statement.
- All dental plans are not the same and do not cover the same services. In the event your dental plan determines a service to be "not covered" or over what they deem "usual and customary charges", you will be responsible for this amount. Payment is due upon receipt of statement from our office.
 - **We encourage you to call your insurance company to review your benefits from time to time, or especially when a change to your plan has occurred.**
 - Suggested questions to ask are: Do I have to go to a specific doctor to receive benefits? Do I have in- and/or out-of-network benefits? Do you pay benefits based on the office's submitted UCR fees or based on your own internal fee schedule? Are there any waiting periods or limitations to any services? Do any services have alternate benefits that would be payable instead of the service submitted on the claim?
- **In the case of minor children,** we will look to the guardian(s) of the minor for consent and financials regarding any-and-all services rendered. In the case of divorce, or split household situations, we will look to the parent who signed as financially responsible, or who brought the child to the appointment. Ultimately BOTH guardians are responsible for all finances, and any splitting of amounts due between the parties should be arranged outside of our office. We do not intervene in anything associated with court orders or parental agreements.
- **In the case of adult children whom the parents have agreed to pay their balances,** we will still send statements to the adult child. It is the adult child's responsibility to ensure the payments are taken care of by the due date.
 - Adult children may refer their parents to our website where payments can be made for any patient, any time of day. Alternatively, parents and patients may mail or call-in payments to the office on behalf of their adult children.
- There will be a \$25 returned check fee for any checks returned by the bank.

Insurance Policies:

If we have received all your insurance information by the day of the appointment, we will be happy to file your claim for you. **It is your responsibility to know your insurance benefits, including how coverage is affected when seeing a dentist that is in or out of your insurance network, and the percentages your insurance covers for procedures.** We will collect from you the estimated amount insurance is not expected to pay. By law, your insurance company is required to pay each claim within 30 days of receipt. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. If you have not paid your balance within 90 days a finance charge of 1.5% may be added to your account each month until paid. We will be glad to send a refund to you once payment has been received from your insurance company. Please understand that we file dental insurance claims as a courtesy to our patients. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment; we at no time guarantee what your insurance will or will not do with each claim.

NO INSURANCE PAYS 100% OF ALL PROCEDURES

Dental insurance is meant to be an aid in receiving dental care. Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company.

BENEFITS ARE NOT DETERMINED BY OUR OFFICE

You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that a fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for a certain service. This can be very misleading and is simply not accurate.

Insurance companies set their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently this data can be three to five years old.

Unfortunately, by doing so insurance companies imply that a dentist is "overcharging" rather than say that they are "underpaying" or that their benefits are low. In general, the less expensive insurance policy may use a lower usual, customary, or reasonable (UCR) figure.

DEDUCTIBLE & CO-PAYMENT CALCULATIONS

When estimating dental benefits, deductibles and percentages must be considered. To illustrate, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.00 as its usual and customary (UCR) fee, we can figure out what benefits will be paid. First a deductible (paid by you), on average \$50, is subtracted, leaving \$100.00. The plan then pays 80% for this particular procedure. The insurance company will then pay 80% of the remaining \$100.00, which is \$80.00. Out of the original \$150.00 fee they will pay an estimated \$80.00, leaving a remaining portion of \$70.00 to be paid by the patient. Of course, if the insurance company allowable fee is less than the office fee of \$150, then the insurance benefits will be significantly less.

CHANGES IN INSURANCE PLANS: MOST IMPORTANTLY, keep us informed of any insurance changes such as policy holder, insurance company, change in level of coverage of benefits, or a change of employment. **We will be unaware of any of these changes unless you bring them to our attention.**

Refund Policies:

If you decide to reconsider treatment you have not yet received but have already paid for, you may cancel the treatment appointment (observing our cancellation policy) and request a refund for the amount already paid.

IMPORTANT NOTES:

- Crown and Bridge patients are still responsible for the full cost of their treatment plan once preparation of the teeth has begun.
- Partial and Denture patients are still responsible for the full cost of all laboratory, imaging, impression, or scan fees once fabrication of the prosthetics has begun.
- Invisalign patients are still responsible for the full cost of all laboratory, imaging, impression, or scan fees once fabrication of the aligners has begun.

- Nightguard or Sleep Appliance patients are still responsible for the full cost of all laboratory, imaging, impression, or scan fees once fabrication of the appliance has begun.

Please note: It is ultimately the patient's responsibility to make and keep any and all appointments for final delivery of such appliances or prosthetics.

Your refund request will be handled as follows:

- Original Form of Payment: Refunds will be applied to the original form of payment, with the exception of cash payments, which will be refunded by check to the responsible party on the account at the address we have on file at the time of the refund.

Timing of Refunds

- Credit Card: After receipt of a refund request, and approval from our accountant, refunds will be issued to the same form of payment whenever possible. Refunds for credit card payments are usually taken care of as soon as possible, but in some cases may take up to seven (7) business days after confirmation.
- CareCredit Financing: After receipt of a refund request, and approval from our accountant, refunds will be issued to the CareCredit account that was used for the original payment. Refunds are usually taken care of as soon as possible, but in some cases may take up to seven (7) business days after confirmation.
- Cash/Check: After receipt of a refund request, our accountant will confirm the payment has cleared the bank. Once cleared and approved by our accountant, the refund will be issued by check as soon as possible, but in some cases may take up to seven (7) more business days after confirmation.

If you have any questions, please feel free to speak with our front desk team directly at (602) 956-2241.

All information supplied to Phoenix Dental Design is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Phoenix Dental Design. I understand that I am financially responsible for any balance. I also authorize Phoenix Dental Design to release any information necessary to process my claims.