Financial Policy

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We are committed to providing you with the best possible care. If you have medical/dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

As a courtesy, our staff will file a claim form to your insurance company, but you are financially responsible for the services rendered regardless of your insurance. Payment for services is due at the time services are rendered unless payment arrangement has been approved in advance by our staff. **We accept cash, checks, most major credit cards and a payment plan with Care Credit,** which allows you to make a flexible, low monthly payment, and has interest free options. Upon credit approval for the payment plan, you can charge your treatment immediately. A returned check will result in a $25 service charge and all future payments being required in the form of cash or credit card.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

For patients with insurance:

- Every effort will be made to closely estimate your co-payments and deductibles, which are due at the time of service, but the ultimate responsibility for any unpaid balance rests on you. Please understand your insurance is a contract between you, your employer, and the insurance company. We are not a part of that contract.
- If an insurance carrier has not paid within 60 days of billing, any unpaid professional fees are due and payable in full from you. If you are experiencing any financial hardship, please contact our office to discuss payment options.
- As a service to our patients we will accept “assignment of benefits” and will bill your insurance carrier, provided proper paperwork is provided to us. We will assist you in billing your secondary insurance carrier, if applicable, and in researching unpaid claims.
- Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Any charges not paid by your insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial.
- Please make sure to review your maximum allowable for the fiscal year. Depending on the estimated insurance amount you may max out your dental benefits for that current year. This will require additional out of pocket expenses for any dental treatment needed that year (Example: cleanings, x-ray’s, consultations, filings, etc.)
- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified or re-processed for benefits.

Managed Care Participants:

- Some benefit plans require pre-authorization and specialist referral forms from your primary physician. Please provide the proper insurance plan identification and forms necessary prior to your visit.
- All co-payments or patient out-of-pocket fees are due and payable at the time of service.

Medicare Patients:

- Majority of the time Medicare does not cover dental extractions. We are not a participant with Medicare at this time.
- You will be responsible for the out-of-pocket expense unless otherwise covered by your insurance. We will be more than happy to provide you a receipt with procedure codes to submit to Medicare, if needed.

Surgery Fees:

- All co-payments, deductibles and payments for non-covered surgical procedures are due on the day of the surgery.
- Your insurance carrier may require prior authorization. Pre-authorization is not a guarantee of payment. Insurance companies may deny claims even with pre-authorization.
- If your account is turned over to a collection agency, you will be responsible for any costs incurred in collection of said balance, which may include collection agency fees up to 35% of your outstanding balance, court costs and attorney fees.

Workers Compensation:

- If your injury is work-related, we require the necessary insurance billing information and employer authorization form prior to your office visit or treatment.

Overpayment:

- Occasionally, your insurance carrier may overpay for the procedure. In which case, we will handle the refunds either to you, or to the insurance carrier, at the discretion of your insurance carrier. Overpayment can occur when multiple insurance carriers were involved and more than one insurance company pays for the same procedure codes. A refund may be issued once the final Explanation of Benefits is finalized and no pending claims or balance are existing.
- We thrive to achieve the best quality of care to you. Please understand that insurance policies are complicated and can be time-consuming. To accelerate the process, we may encourage the subscriber to reach out to the insurance company for additional assistance.

Pathology Specimen:

- When a pathology specimen is submitted to an outside lab (Lab Corp, Quest Diagnostics, etc) due to a biopsy procedure, whether alone or in combination of another procedure (Example: cyst associated with a tooth), **you will receive a separate billing statement from an outside lab for the examination and the report of the specimen. We do not have control over how the lab might bill you.**
- Our pre-treatment estimate only reflects the surgery portion of the fee, not the pathology report.
- Please contact the pathology lab directly to inquire about their billing statement.

I have read, understood, and agree to the above financial policy for payment of the professional fees. I understand that I am ultimately responsible for all fees for services provided to me.

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Guarantor/Patient's Name (Please Print):

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Guarantor/Patient's Signature:

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Date:

Assignment of Insurance Benefits: Patient with insurance coverage, please read and sign below:

I hereby assign all medical and/or surgical benefits, including major medical benefits to which I am entitled, private insurance, and any other health plans, to Farina Orthodontic Specialists and Dr. Andres Guerra-Andrade. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered to be valid as the original. **I understand that I am financially responsible for all the charges whether or not paid by my insurance carrier.** I hereby authorize said assignee to release all information necessary to secure the payment.

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Guarantor/Patient's Signature:

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Date: