



Office Policies

What About Finances?

Payment for professional services is due at the time services are rendered. This includes any deductible and co-insurance. We accept cash, checks, all major credit cards and Care Credit.

Treatment Plans: You understand that if Smiles of Austin/Dripping Springs has treatment recommendations for you, you will receive an itemized list of the recommended treatment. This will also contain an estimate of what the fees will be for the recommended treatment. If you have dental insurance, the treatment plan may include an additional estimate calculating what may be paid by your insurance company toward the fees for your treatment. You understand that treatment plan estimates are not a guarantee of insurance payment and you are ultimately responsible for all fees generated by your treatment.

Payments: Unless we approve other arrangements in writing, the balance on your statement is due and payable when a statement is issued, and is overdue if not paid by twenty-one (21) days after the statement date.

Insurance: Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you. Please note that services are not rendered on the assumption that the insurance company will pay us. You are ultimately responsible for payment of all fees generated by your treatment. If your insurance company has not paid your claim within ninety (90) days after the date of service, the full amount is due and payable by you. We will promptly refund to you any insurance payments we receive if you have already paid the balance on your account. It is your responsibility to inform us of any changes in your insurance coverage.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred.

Returned Checks: There is a fee (currently \$25) for any checks returned by the bank.

Insurance Release: You authorize Smiles of Austin/Dripping Springs to release any necessary information requested by your insurance carrier and authorize payment directly to the office for any benefits available under your insurance plan.

Divorce: In case of a divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Unaccompanied Minors: When an unaccompanied minor comes for an appointment, the proper consent form must be signed before the appointment and the child must be prepared to pay any payment due (we are also happy to take a credit card from the parent or guardian over the phone). Also, if another adult brings your child to the office (such as a grandparent or other family member) please provide them with any payment due.

Late Arrivals: In order to respect the time of other patients, we may find it necessary to reschedule those patients arriving more than 10 minutes late for their appointment.

Cancelled Appointments: We kindly ask for two business days notice for rescheduling appointments. Depending on the appointment type, a \$50 to \$100 fee may be assessed for cancelling without sufficient notice or failing to show. We appreciate your consideration.

Dental Insurance Facts

FACT 1 – DENTAL INSURANCE IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER AND THE INSURANCE COMPANY. We are not a party to that contract.

FACT 2 – DENTAL INSURANCE IS NOT MEANT TO COVER ALL FEES. It is meant to be an aid to your investment in your child's dental health care. Many routine dental services are not covered by dental insurance.

FACT 3 – NO INSURANCE PAYS 100% OF ALL PROCEDURES. Many patients think that their insurance pays 90%-100% of all dental fees. Unfortunately, this is not true! 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.

FACT 4 – FREQUENCIES & LIMITATIONS OF BENEFITS. The frequency of payment for some procedures may be limited by an insurance company. This is most often encountered in a pediatric dental office with fluoride treatments. The American Dental Association and the American Academy of Pediatric Dentistry recommend the application of fluoride every 6 months since it is proven to be highly effective against tooth decay. Our office follows those recommendations in order to achieve optimal oral health for your child. Therefore, if an insurance plan limits the frequency of the fluoride treatment, the parent will be responsible for this cost. This can also be encountered with other procedures, such as x-rays and sealants.

FACT 5 – 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 has exceeded the usual, customary, or reasonable fee ("UCR") 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 and these “allowable” fees are set by the insurance company so they can make a net 20%-30% profit.

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

FACT 6 – DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED. 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 \$100.00, or \$80.00. Out of a \$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 UCR is less than \$150.00 or your plan pays only at 50% then the insurance benefits will also be significantly less.

Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees or financial policy.

Patient Name: _____ Date of Birth: _____

Responsible Party Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____