



A. Stephen Pauly, DDS

Financial and Insurance Policy

Our goal is to provide your child with the best dental care available in a comfortable atmosphere. Part of that care involves a financial relationship between you and our office. We hope this information will clarify our financial policy and your obligation for your child's dental care. If you have any questions please call us before your first visit.

If you do not have dental insurance, all fees must be paid at the time care is provided. We accept cash, check, MasterCard and Visa. Please note that a \$30 fee will be added to your account for any returned checks. Following the initial visit, if additional treatment is required, we will provide you with an estimate sheet and make payment arrangements for that treatment before you leave.

If you have dental insurance, please note that we are only contracted providers for Delta Premier and PPO, MetLife, WellPoint Dental Network and Medicaid. We can bill all other insurance companies, but we may require up to 50% payment when care is rendered. If your insurance pays more than expected, we will refund the difference to you. Office visit less than \$80.00 must be paid for at that time unless you are with one of the insurances listed above. We will give you a 'super bill' and you can collect from your insurance company directly. For additional treatment, we will predetermine how much your insurance provider will cover before you return and let you know what your part will be. That part must be paid when treatment is provided. Most insurance companies may have several plans with differing levels of reimbursement. That means your co-pay may be more or less depending on what plan your employer has negotiated with them and what treatment is required. We have nothing to do with that process.

All insurance claims will be billed immediately and those that have not been paid within 45 days, or any balance that your insurance provider does not pay, will be billed directly to you. That balance will be due immediately and considered late if not paid within 15 days. Any balance due that has not been paid within 60 days of the original billing date may be sent to a collection agency and a \$95 processing fee or more will be added to your account.

The parent/guardian bringing the child for treatment is responsible for payment. We do not communicate with or bill divorced or separated spouses. We will bill insurance provided by them, but any additional payments due are the responsibility of the parent/guardian bringing the child to our office.

Please understand that our treatment recommendations are not based on what your insurance pays, but on what Dr. Pauly feels is the most appropriate for your child after consulting with you. Insurance benefits are determined by your employer and the insurance company and such decisions are usually based on costs. So they may eliminate coverage for some procedures or ask you to pay for a larger portion of the bill. We have no control over that.

We are committed to making the financial part of your child's dental experience as comfortable as the treatment part. Working with insurance is not always easy but we will help you with it. Thank you for fulfilling your responsibility by caring for all financial obligations in a timely manner.

If you understand and agree with our financial policy as explained above, please sign below.

Signature of parent/guardian

Date