

Whitaker Dental
2203 Maple Avenue
Zanesville, Ohio 43701
740-454-8148

Our Financial Policy

Self Pay

Payment in full is required at the time each service is completed. We accept cash, checks, money orders, credit cards and CareCredit.

Insurance

Our office happy to help you file your insurance to receive your dental benefits. Dental benefit plans can vary from company to company with different procedures covered or not covered. Insurance companies base the amounts that they will pay toward your dental treatment on restricted fee schedules related to premium payments and geographical location. In other words, your insurance plan will pay only what it allows for each service, regardless of what the actual fee might be. Deductibles and co-payments are typically built in to most plans and their required payment is strictly regulated by state law. Both our office and you as the policy beneficiary can be prosecuted if deductibles and co-payment are not collected. Your Employee Benefits Director can usually help you become familiar with your plan and its' restrictions, and our office will assist you in maximizing your benefits.

Your responsibilities:

1. To pay fees not covered by your plan at the time of treatment.
2. To provide our office with necessary information concerning your insurance coverage to allow correct filing of claims, including correct and up to date information.
3. To understand that your plan is a contract between you and your employer and the insurance carrier. Our office will do all we can to facilitate claims payment, but we do not have the power to make your plan pay.
4. To understand that you may have to contact your insurance company periodically; they may ask you for addition information concerning treatment, deny treatment, or your coverage may change.

Estimates

We will do our best to accurately estimate your patient portion (both self- pay and insurance pay) based on the most up-to-date information we have. But, it is only an estimate. The dental work may be more or less involved than initially planned. Also,

insurance companies will make their payment determinations based on factors we may not be aware of.

Divorce/Separation/Custody Situations

The parent or guardian who initiates/introduces a minor child to our dental practice will be considered the guarantor and is responsible for payment to us of that child's dental treatment. You, the guarantor will handle arrangements and negotiations with the financially responsible parent. We will be happy to provide you with an itemized bill for dental treatment.

I hereby authorize payment directly to the dental office of the insurance benefits otherwise payable to me. I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third party payers.

I understand that I am ultimately responsible for all costs of dental treatment. I understand that any unpaid balance can result in interest added to my balance or my account can be sent to collection if balance remains unpaid for 3 billing cycles.

Signature of Patient/Guarantor

Date