

Lincoln Park Smiles Financial Policy

In an effort for Lincoln Park Smiles to control its administrative costs and, therefore, avoid unnecessarily raising fees, we require payment at the time of service. Dr. Karen Kasinski, Dr. Robin Gay, and Dr. Sharmi Shah are contracted with the following PPO insurance companies: Metlife, Cigna, United Healthcare, Aetna, Guardian, Delta Dental, Blue Cross Blue Shield, and Humana. Dr. Jack Manikowski, Dr. Teo Limosnero, and Dr. Robert Baima are considered Fee-for-Service providers and are NOT contracted with dental insurance companies.

We will offer you the very best when it comes to diagnosing and treating your dental needs. Many dental treatments are phased and require multiple appointments. Our office manager can work out payment arrangements with you. We have financing options available through a third-party if you request.

CONSENT:

After explanation by the doctor, I hereby authorize the performance of dental services upon the above named patients and whatever procedures that the judgment of the doctor may decide in order to carry out these procedures. I also authorize and request the administration of any anesthetics and x-rays as maybe deemed necessary and advisable by the doctor.

DENTAL INSURANCE:

We will bill your dental insurance if you agree to authorize us to charge your credit card should the insurance company not pay within 31 days. A typical claim is paid in 30 days or less. We electronically submit claims to expedite the process and we provide all of the necessary documentation. If, however, your insurance does not pay within the agreed upon 31 days, we will bill your credit card on file and send you all of the paperwork related to the claim.

Dental Insurance plans may exclude or discourage certain treatments. This is usually due to limitations of the policy and does not mean the treatment is inappropriate. Your insurance company does not have your long-term dental health in mind when these decisions are made.

Your insurance may not pay the entire percentage of the fee. They use the term "usual and customary rate" (UCR) to determine the portion of the fee they will pay. UCR reimbursement levels vary greatly between insurance companies and even within different policies of the same company. This inconsistency, therefore, means that the UCR is not, in fact, an average of fees. Insurance does not admit this but UCR is really related to the amount your employer is paying for your policy. We truly do our best to help you maximize your insurance benefits but in the end, you are responsible for the entire fees.

I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefits plan, unless prohibited by law, or the treating dentist of dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. I hereby authorize and direct payment of the dental benefits to Lincoln Park Smiles.

CANCELLATION POLICY:

We do not double-schedule patients and do our very best to see you on time. Please understand that we give un-divided attention to every procedure. Please rest assured that we never rush a procedure to meet a schedule and our goal is always perfection! We require at least a 24-hour notice if you will not be able to keep your appointment. Please be considerate of other patients waiting for appointments by keeping yours or giving us ample time to give your appointment to another patient. There is a \$75 per hour cancellation fee if you miss your appointment or fail to give us sufficient notice.

Patient/Guardian initials: _____

COLLECTION AUTHORIZATION:

I understand that the fee estimate listed for this dental care can only be extended for a period of 90 days from the date of the patient's examination. I also understand upon non-payment for service and in the event of multiple billing, I will be assessed a rebilling fee of \$35.00. I, the undersigned here by agree that in the event of default in the payment of any amount due, and if this account is placed with a collection agency, for collection or any subsequent legal action, to pay an additional collection fee of 30% of the account balance due, as well as any attorney fees and court costs incurred and permitted by laws governing these transactions.

I agree to the above stated Financial Policy and Cancellation Policy. (Signed below):

Patient/Guardian: _____ **Date:** _____

CREDIT CARD AUTHORIZATION:

(If you would like us to bill your Dental Insurance, we will require this to be filled)

If my dental insurance does not pay within 45 days of the date of treatment, then I authorize Lincoln Park Smiles to bill my credit card below for my entire balance. We accept VISA, MC, DISCOVER, AMEX, and CARE CREDIT. Please note, we will make every effort to assist in dealing with your insurance company after payment is made.

Credit Card Type: _____

Security Code: _____

Number: _____

EXP: _____

Cardholder Signature: _____

Date: _____