



## Notice of Privacy Practices

### ALEPMED DENTAL GROUP FINANCIAL POLICIES

**Any reference to "you", "yours", "I", "me", "my" or "mine" (or similar terms) on this page implies "the patient" if it is the guardian who is signing this page**

#### **Knowing your dental/medical insurance policies is your responsibility**

Your insurance plan - whether dental or medical - is a contract between you and your insurance company. It is your responsibility to be aware of your insurance plan's policies. Any copays and out-of-pocket costs discussed by us or listed on your treatment plan prior to the moment the actual procedures are performed are *estimates only* and your *final* copay amount may end up being different depending on how much your insurance ends up paying (please refer to the next section for copayment-related policy).

You are responsible for providing us with the most current dental (and sometimes medical) insurance information; otherwise we are unable to bill your insurance company(ies) on your behalf and you become fully responsible for the payment. If your insurance information changes or if you get additional treatment at another office, which may use up some of your insurance benefits and affect your eligibility for certain procedures, you must inform us so that we can be aware of your current usage of dental benefits to help everybody plan accordingly.

#### **Full payment, including copays and deductibles, is due at appointment or when scheduling appointment**

Full payment for any dental services, including insurance-related co-pays and deductibles, even if the payment amount is only an estimate on our part, is due no later than the time of your appointment. In certain situations, we will ask that payment be made at the time you *schedule* an appointment. Each individual situation is different and we will discuss the financial arrangements with you on a case-by-case basis as necessary.

Please be advised that in the event that your insurance ends up paying less than we had originally estimated for any given procedure, your final copay amount will increase accordingly, and you will be responsible for the remaining difference.

Also please note that if you have dental insurance that is in-network with us, your fees for the most common procedures are dictated to us by the insurance company and are usually lower than our regular fees. However, we reserve the right to charge

our regular fees, which are higher, whenever we feel that is necessary.

Any balance that remains outstanding after your initial payment and/or after your insurance has processed our claim for any service will be due at your next appointment or at your next billing cycle, whichever comes first.

#### **Mercury-containing amalgam (or "silver") fillings are not placed at this practice**

ALEPMED Dental Group is a mercury-free practice. We do not place mercury-containing amalgam ("silver") fillings, even on back teeth. All fillings are tooth-colored (also called "white") composite fillings. White fillings are more expensive than silver ones. Please be aware that your dental insurance company may downgrade white fillings to silver, which means that they may pay a silver filling allowance for a white filling, resulting in a higher copay to you.

#### **Cancellation/rescheduling/no-show incurs a "broken appointment" fee**

Please be aware that when you make an appointment, we are reserving the room, the doctor's and the staff's time for you and

we are denying this appointment to other patients. We ask for at least a 48 hours' notice so that others may be offered the appointment time if you are unable to keep it. We reserve the right to charge \$50-\$100 for each broken appointment (i.e. a no-show or an appointment cancelled or rescheduled within 48 hours of the scheduled start time). You will be asked to remit your balance prior to booking another appointment. We value your time and we hope you value ours.

#### **Late payments for outstanding balances/delinquency will be sent to a third-party collection agency**

If payment for any outstanding balance is not made at the time of your appointment and/or by the due date on your billing statement, we reserve the right to submit your account to a third-party collection agency. In that event, an additional 33% of your outstanding balance (or whatever our agreement with the collection agency is at the time) will be charged to your account to compensate for the expenses that we incur when working with collection agencies.

#### **Returned ("bounced") checks incur a charge**

All returned ("bounced") checks will be subject to a \$50 service charge for which you will be responsible.

**I have read and fully understood ALEPMED Dental Group's financial policy stated above. I assign all insurance benefits, otherwise payable to me/patient for services rendered by ALEPMED Dental Group, directly to Dr. Aboukhater. I understand that my/patient's dental and/or medical insurance carrier may end up paying less for the actual services than what is originally estimated by ALEPMED Dental Group. I agree to be responsible for full required payment for all services rendered to me (or to the patient if I am the guardian).**