

Plymouth Greene Dental Office Policy

As part of our office policy and practices we want to make you aware that we will work to the best of our ability to represent you to your Insurance Company and file all claims and documentation according to our participating provider requirements.

At time of service **WE WILL CHARGE YOU** the approximate cost to you as listed by your particular insurance plan, however, this is only an **ESTIMATE**. Due to the numerous plans and stipulations pertaining to these plans we cannot know your exact cost until after we have filed your claim and have received an **EXPLANATION OF BENEFITS (EOB)** from your particular insurance carrier. We will make every effort to be as accurate as possible but please be mindful that **YOUR INSURANCE** carrier makes all final determinations based upon the submitted claims.

Any possible balance after payment of benefits such as, non-covered procedures, maximum yearly amounts, deductibles and other various circumstances are billed to you directly as they are your responsibility and obligation. We encourage you to contact your Insurance Carrier to help you understand how your benefits work.

Alternate payment options are available.

Unresolved accounts will incur penalties at the legal rate of interest and will be forwarded to collections and or an attorney for recovery. All costs and fees are added to your outstanding account.

Please note-cancelled appointment without 48-hour notice may incur a \$35.00 missed appointment fee. If the bank returns your check you will be charged a \$25.00 processing fee.

Please make sure all of your questions regarding this policy are answered before signing.

Thank You, Dr. Elena Kachur and staff

Patient or Responsible Party Signature

Date