



Office Policies and Financial Guidelines

We hope that your experience at Dr. DeShetler's will be positive both clinically and administratively. We know that patient satisfaction begins with your first dental appointment and doesn't end when you leave the treatment chair. We strive for successful communication throughout the entire process. To guide us in providing quality services with consistency, we have established policies as a framework for our practice administration. These policies are implemented from a standpoint of fairness to ensure both patient satisfaction and the health of our practice. Your awareness of the following policies will ensure a long and productive healthcare partnership with our office.

Please provide adequate notice for a change in your appointment

When you make a dental appointment, we reserve a treatment room, appropriate staff, and equipment just for you. In order to give you and each of our patients the best possible care, we request two business days' notice for any change to your scheduled appointment. Canceling or missing appointments with short notice makes it impossible for us to offer your reserved slot to another patient. Just as we want you to succeed in your oral healthcare goals, we hope you wish us to succeed in our practice goals. If insufficient notice is received you will be assessed a fee per appointment. The fee for the 2018 year is \$30 per appointment.

If you arrive late we reserve the right to reschedule your appointment or decrease your designated appointment time or procedures you had scheduled. _____ Initials

Financial Agreement

For patients without dental insurance coverage we request payment before or at the time of service. We do not send billing statements following treatment. This is a benefit to our patients as we are able to keep our practice costs down by not having the time and expense of billing and collections, and therefore we are able to keep our fees competitive for our patients. We accept credit cards if you do not have cash or a check on you at the time of service. We also offer a 10% courtesy when the total amount is received in full before or at the start of treatment regardless of method of payment. _____ Initials

For Patients with dental insurance we will file your insurance as a courtesy if the current and correct information is provided. You will be excepted to pay your deductible and co-payments at the time of service. If your insurance company denies, makes less than full payment, or takes more than 60 days to remit payment, you are responsible for the entire balance at that time, If insurance needs to be re-filed due to incorrect information that you provided, we will be happy to supply you with a form so you may re-file. Please understand that after 60 days any balance remaining on your account will be assessed a fee of 1.25% of the balance due. All accounts over 90 days will be notified in writing of their account being transferred to a collection agency, You will be responsible for all collections cost, attorney fees, and court cost. _____ Initials

Please understand that we can only ESTIMATE your dental insurance benefits.

A dental benefit plan is a financial tool that belongs to the patient. It is usually a contract between an employer and an insurance company on behalf of the patient. Dr. DeShetler's office is never a party to this contract.

There are over 30,000 different dental insurance plans in the state of Georgia alone. Dental insurance plans come with lots of variety. They are designed with different deductibles, maximums, copayment percentages, allowances, exclusions and limitations. As if that isn't complex enough, there is no universal format which insurance companies use to communicate their benefits to consumers, employers, or healthcare professionals. Because of the complexity and variety of these plans we will never guarantee benefit payment from your insurance company. Whenever we provide information on your insurance benefits, please understand that we can provide only an **ESTIMATE**.

We are not a party to that contract and therefore it is impossible to guarantee insurance benefits to any patient. If you wish to have a more accurate estimate we are happy to send a predetermination in for you but those can take up to 8 weeks to get back, and still are **NOT** a guarantee of payment. We ask you to understand that we can only **ESTIMATE** your dental insurance benefit. We wish you to be aware that when services are provided to you at Dr. DeShetler's you are responsible for all fees associated with dental services regardless of insurance estimation. We communicate this in the following ways.

- Upon registration, patients enter into a signed financial agreement which clearly communicates how we will handle their dental insurance.
- Our written treatment plans clearly remind the patient that dental benefits are estimated.
- When engaging in financial conversations with patients we endeavor to re-communicate the estimated nature of dental benefits and the responsibility of patients for their treatment fees.

While we can't guarantee benefits, we can assure you that we employ decades of experience when we research a dental plan on your behalf. When you provide [dental insurance information](#) to us, we prepare for your dental appointment by researching your dental insurance plan using a variety of sources. We compile a profile of your plan based on what we discover in the process. This information is used to estimate your dental benefits. We pride ourselves in our ability to unravel the mysteries and benefits of your particular plan and don't charge a fee for researching or filing your claims. We look for common limitations and exclusions and strive to uncover them during our research process. Because we are not a party to your insurance benefit contract, the process can't be exact (and occasionally not even close), and that is why we can't provide insurance benefit guarantees. We do a pretty good job of it as evidenced by the vast majority of dental claims we file which are paid exactly as estimated. We think it would be difficult to find a dental office that [understands insurance](#) and manages your insurance claims better than we do.

A dental insurance plan is a financial tool that can assist you with payment of your dental fees. A retirement plan is a financial tool that provides for your future retirement needs. Just as we cannot be responsible for the rise and fall of the assets in your retirement portfolio, so we cannot be responsible for the rise and fall of your dental benefits based on the exclusions and limitations of your insurance plan. The best way to take full advantage of your dental insurance coverage is to understand its features as you would the features of any financial asset in your portfolio. We advise you to become familiar with your benefit information so that you can maximize use of this financial tool. _____ Initials

Balances

If the patient has a balance that is outstanding on any family member on their account it must be paid in full before the appointment can begin in order to keep their scheduled appointment. If the balance can't be paid in full we will have to reschedule until the balance can be paid in full. If the patient is under orthodontic care we would require the monthly payments to be caught up in order to continue treatment. If a payment plan is needed we partner with Care credit and they offer many different payment options. Please let us know prior to your scheduled appointment if you are interested in learning more about what care credit has to offer.

_____ Initials

Forms of Payment

For your convenience we accept many different forms of payment: Cash, check, Visa, Master card, American Express, Discover, and care credit

If a payment plan is needed we partner with Care credit and they offer many different payment options. Please let us know prior to your scheduled appointment if you are interested in learning more about what care credit has to offer. _____ Initials

I acknowledge that I have read, understand, and agree to Dr. DeShetler's Office Policies.

Patient Name: _____

Signature of patient or legal guardian: _____ Date: _____