

Payment Policy & Dental Insurance

While dental insurance provides a valuable service in helping the patient meet their dental needs, it is the patient who is responsible for payment of their account. **We collect full payment up front** and file insurance on your behalf and **your insurance will reimburse you directly**.

For those with dental insurance, **we make every effort to maximize your benefits** and will contact your insurance company prior to your appointment to obtain a pre-estimate so you will have an idea of what your insurance will reimburse you. Some insurance plans have excellent coverage for Periodontal procedures while others provide very little. In order to assist our patients and determine what benefits will be applied, a pre-treatment estimate can be submitted upon request to your insurance company. The patient may opt to wait to have treatment until after receiving the pre-estimate from the insurance company. This could take up to 4 weeks to receive the approval. Although we advocate for our patients to ensure payment from the insurance company, payment responsibility lies with the patient.

It is imperative to provide insurance information and an insurance card at your first visit to enable us to properly file with your insurance company. Our office will be more than happy to assist the patient in submitting forms for pre-estimates and filing claims.

Keep in mind that this service is provided as a courtesy to our patients. We cannot render treatment on the assumption that the insurance company will cover all expenses. Nor can we be expected to know what an insurance plan will cover and what it will not. Insurance companies pay claims based on "Reasonable and Customary Charge" which means that they pay a percentage of what they feel the fee should be rather than what is actually charged.

All forms of payment are accepted, but we advise use of a debit card, cash, or check as credit card payments include a 3.5% fee to cover the cost of credit card acceptance. This fee does not go to our office. A monthly finance charge of 1.5% (18% per year) will accrue on all balances exceeding 90 days.

I have read and understand North Raleigh Periodontics Payment Policy.

Patient Signature: _____

Date: _____

