

MANAGED CARE DENTAL COVERAGE AND FINANCIAL POLICIES

Welcome to Gateway Dental Centre! **Please read this document carefully. It explains our financial policy for our patients who have Managed Dental Plans with Co-payments.**

We are pleased that you have selected our office as your primary care dental practice and we look forward to working with you in the interest of optimum dental health. The plan that you or your employer has purchased for your dental benefits is a contract between you, your employer and the Managed Care Dental Benefits Carrier. **It is important that you understand that Gateway Dental Centre is not in any manner involved in the determination of dental benefits allowed on your behalf by your dental benefits provider. Dental benefits are solely determined by the carrier and are entirely based upon the terms and conditions of the contract.**

Your plan is based on a fee schedule and has limitations and exclusions included in the plan design. Every component of your dental plan is defined by your dental benefits carrier and can be found in your plan booklet. Your plan reflects **co-payments and laboratory fees** for many procedures. **Co-payments** are the dollar amounts that you pay from your own pocket for dental treatment. These copayment charges are significantly reduced from our usual and customary fees. **Laboratory fees** are the actual fees charged to us by the dental laboratory for the construction or repair of crowns, bridges, partials and other dental prosthetics. **All co-payments and lab fees will be collected at the time that you receive your dental treatment. The collection of co-payments and lab fees at the time of treatment is a contractual requirement of your dental plan.** For more information about co-payments, lab fees and your responsibilities, please refer to your plan document. We would be happy to answer any questions you have about your plan or about the co-payments and lab fees that will be charged for your dental treatment.

On your first visit, you will receive a comprehensive examination, a full mouth series of x-rays (unless you can furnish us with a diagnostic quality full mouth series that is less than five years old) and a periodontal charting. You can reasonably expect your dental plan to cover most of your comprehensive examination and your x-rays. In most cases, there will be a co-payment for your periodontal examination and charting and there may be a copayment for your office visit. An outcome of the comprehensive examination will be the diagnosis of your cleaning. If it is determined that you need a routine cleaning, your dental plan will cover most or all of the cost. If a periodontal cleaning is included in your diagnosis, you will have co-payments for any periodontally focused visits. Office visits may also apply.

Our financial advisor will treatment plan your care for you and will show you the co-payment amount that is due for each procedure that the dentist diagnoses. These co-payments are due on the day that treatment is received. Please note that most dental plans do not cover the cost of medications, laboratory tests (such as biopsies) or tools that are prescribed for your dental treatment. Thus, if Gateway Dental Centre dispenses medications or tools, or if a prescription is written for you, or if a laboratory test is part of your treatment, you will be responsible to pay any costs associated with them. **The charges that we quote to you are an estimate.** They are based on your current coverage and on your diagnosis at the time of your comprehensive dental examination. The charges may change if your dental plan schedule changes, if you transfer to another dental benefits carrier or if your dental condition deteriorates because you elect to postpone treatment. All charges will correspond to the patient charge schedule in effect on the date that the procedure is actually delivered. Please make us aware of your questions before you receive treatment to avoid any misunderstandings.

You may pay for your treatment by cash, check, money order or credit card. We accept American Express, Visa, and MasterCard. Your signature below indicates that you have read this document and that you understand the terms and conditions of our financial policy.

Signature of Patient/Responsible Party

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