

## **PPO AND INDEMNITY 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 dental benefits with Preferred Provider Organizations (“PPO) or traditional indemnity coverage.**

We are pleased that you have selected our office 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 Dental Benefits Carrier.

**It is important that you understand that Gateway Dental Centre is not in any manner involved in the structure of your dental plan or 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. Please be aware that your contract may include provisions that are negotiated between your employer and the carrier that are proprietary and that are not released to us when we inquire about your benefits. These provisions may affect the way your benefits are paid and may increase your out of pocket cost.**

In many cases, dental plans and corresponding benefits are based on the carrier’s UCR (usual, customary and reasonable) fee schedule, **which is defined by the dental benefits carrier.** This fee schedule is proprietary information and it is generally not released to the dental provider. More information about your dental plan can be found in your plan booklet. We will be happy to assist you in the review of your booklet. Your plan may reflect **co-payments** for some procedures. Your plan may also include an **annual deductible** that you are responsible to pay. **Co-payments and deductibles** are the dollar amounts that you pay from your own pocket for dental treatment. **Co-payments and deductibles will be collected at the time that you receive 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. 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.

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 dental plan 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.

As a service to you, we will submit a claim to your insurance carrier when you receive care and we will wait for payment from your insurance carrier for up to 60 days after treatment without a finance charge. If your carrier does not pay after 60 days, a 1.5% finance charge will be applied to your account. If your insurance carrier does not pay the claim within 90 days of treatment, you will be asked to pay the balance and you will need to collect your benefit from the insurance carrier. You are responsible for providing Gateway Dental Centre with the correct name and billing address of your dental benefits carrier.

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.

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Signature of Patient/Responsible Party

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Date (HIPAAFINANCEPPOINDEM/10-16-02)