MOUNTAIN VIEW DENTAL CARE
DR. CODY WINTERHOLLER, DDS

OFFICE FINANCIAL POLICY

Thank you for choosing us as your dental care facility. We share your concerns regarding the increasing cost of health care. We believe that you, our patients, expect and deserve the highest quality care we can provide at a reasonable cost. While we take advantage of every possible avenue to keep costs down, we are committed to not sacrificing quality for less expensive care. With this in mind, we would like to share some information with you about our financial policy. We want you to feel comfortable with us regarding your financial and insurance matters and thereby prevent any misunderstandings.

Many people are under the impression that if they have insurance, it is the insurance company who owes the doctor for his services. Please keep in mind the insurance contract is between the patient and the insurance company. Therefore, the patient is responsible for the bill, regardless of insurance coverage determination. As a courtesy to our patients, we are happy to bill your primary insurance for you; however the responsibility for payment remains with the patient (or insured). If you have additional coverage, we will assist you in billing your secondary policy. This office is a Delta Dental Provider.

At the time of treatment, patients are requested to pay their estimated portion of charges. If there is an overpayment on your account, a refund check will be sent to your address.

Many insurance plans state that you will be covered up to "50%, 80% or 100%". In spite of that statement, we have found in actuality that many plans may cover less than that depending upon their established "usual and customary" fees, and what services they actually cover. Insurance companies use the terms "usual and customary" when setting fee limitations on services. Please be aware that some insurance companies will pay a claim percentage based on their "usual and customary" fee, not our actual charges. To determine exactly what portion of your bill will be covered by insurance, we will, gladly request pre-authorization by your carrier, if request by you, however, this usually requires three to four weeks to be processed by the insurance company.

PATIENTS WITHOUT INSURANCE: Patients without insurance are required to pay the charges in full at the time of service unless prior arrangements have been made with the Financial Coordinator. An estimate will be given to you at your examination appointment upon your request.

CHARGE CARDS & CHECKING: Visa, Master Card, or American Express may be used for payment on your account. There will be a $25.00 charge for all returned checks.

ACCOUNT BALANCES: The estimated patient portion (co-pay) is due at the time of treatment. The balance on all accounts is due in full within 90 days regardless of insurance coverage or anticipated payment from other sources. In the event that payment for our services is not made within 90 days of receipt of services, and interest charge of minim $1.00 per month will be added to the account, (10% per annum). Therefore, patients with insurance whose claims have not been paid within 45 days should contact their insurance company to determine the reason for delay of payment. Delinquent accounts will be referred for collection at the discretion of the Financial Coordinator.

ASSIGNMENT AND RELEASE: For individuals with insurance, your signature below hereby authorizes your insurance benefits to be paid directly to Dr. Cody Winterholler. You are still financially responsible for any balance due. It also authorizes the doctor to release any information required for payment and processing of this claim. If an insurance payment is sent to you, it would be appreciated if you promptly send the payment to our office.

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Signature of Patient, or Legal Guardian Date