



Han Pediatric Dentistry

FINANCIAL POLICY

Revised May 14, 2020

(supersedes any previous agreements on file)

Thank you for choosing Han Pediatric Dentistry as your child's dental health care provider. Please review the following statement of our financial policy that we require you to read and sign prior to treating your child.

FINANCIAL POLICY:

- Payment in full is part of your child's treatment. This will be required prior to starting any patient care.
- We accept payment in the form of cash, personal checks, and most major credit & debit cards. For your convenience, we have a secure online payment portal on our website that you can access at any time.
- A \$25.00 fee will be charged for any returned checks.
- **The parent or guardian who brings the child to the appointment is responsible for any payment due that day.**

Broken Appointments:

- Last-minute cancellations and no-shows prevent us from serving other patients on our waitlist for treatment.
- **A \$75 broken appointment fee per child will be charged for a missed appointment that is not canceled or rescheduled at least 24 BUSINESS HOURS in advance.**

Dental Insurance:

WE MUST HAVE COMPLETE DENTAL INSURANCE INFORMATION ON FILE AT LEAST 48 BUSINESS HOURS BEFORE YOUR APPOINTMENT

- To send a proper insurance claim on your behalf, you must accurately provide us the required insurance information (subscriber ID number, proper spelling, proper claims address & phone number, etc).
 - Your insurance policy is a contract between you and the insurance company – we have no say in what is “covered” vs. “not covered.”
 - Reimbursement amounts depend on the type of plan you have, and whichever services you or your employer decide to cover.
 - **Alternatively, you are always welcome to pay for services in full and submit dental reimbursement claims to your insurance on your own.**

- We may “accept assignment of benefits” for your child’s visit. This means that for **in-network** PPO plans, your insurance company will send payments to our office directly. However, you will still need to make full payment of the deductible and/or your estimated co-payment at the time of each service.
- **Your deductible is determined by your insurance plan, not by our office.**
- The balance on your family account is your responsibility whether your insurance company pays our office or not.
- If we accept assignment of benefits, but your insurance company has not paid within 45 days, you will be responsible for the total amount of your balance.
- A monthly service charge of 5% may be assessed for past-due accounts.
- Some parts of the treatment plan may not be covered and not considered “reasonable” or “necessary” by your insurance company, but they are not your child’s doctor.
- For after-hours consultations by phone or e-mail, the following billing codes may be submitted to your insurance:
 - **D0140** – Limited oral evaluation, problem-focused
 - **D9995** – Teledentistry - Synchronous; real-time encounter
or **D9996** - Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review

Usual and Customary Rates (UCR):

- Our fees are usual and customary for our area.
- You are responsible for payment regardless what any insurance company may determine as “usual and customary fees.”
- Insurance companies may calculate their usual and customary fees by determining limitations on the extent or nature of treatment that may be provided for your child.
- Billing code **D1999** is a surcharge for required doctor and staff Personal Protective Equipment (PPE) and continuous office decontamination in compliance with proper mitigation of aerosol transmitted diseases, such as **COVID-19**.

I have read, understand, and agree to this Financial Policy.

Name of parent/guardian: _____

Relationship to patient: _____

Signature of parent/guardian: _____

Date: _____