

BRYAN DENTAL GROUP BUSINESS POLICIES

442 West High Street, Suite 2
Bryan, Ohio 43506-1678
419-636-3163 or toll free 866-729-2434
www.bryandentalgroup.com

Monthly Statements: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the previous 25-30 days. If your account balance after insurance is less than \$1.00, we will write off the balance as a courtesy adjustment. Only credit balances in excess of \$5.00 may be refunded.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued and is past due if not paid by the due date on the statement.

Charges to Account: We shall have the right to cancel your privilege to make charges against your account at any time.

Insurance: Insurance is a contract between your employer and the insurance company and reimbursements are based on the plan your employer chose. We are not a party to this contract in most cases. We will bill your primary and secondary insurance companies as a courtesy to you. Although we estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. You agree to forward to us any payments you receive from an insurance company for claims paid to you for services we rendered. If your insurance company requires a referral and/or a preauthorization, you are responsible to obtaining it. Failure to do so may result in lower payment from the insurance company. Please see our brochure ***What You Need to Know About Dental Insurance.***

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within 90 days of the time the service was added to the account. The **FINANCE CHARGE** will be computed at the rate of one and one-half percent (1 ½%) per month or an **ANNUAL PERCENTAGE RATE** of eighteen (18%) percent. The finance charge on your account is computed by applying the periodic rate (1 ½%) to the "90 Days Balance" of your account. The "90 Days Balance" is calculated by taking the balance owed 90 days ago, and then subtracting any payments or credits to the account during that time.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. At that time only emergency treatment may be rendered. All elective treatment will be taken off the schedule. If we have to refer your account to a collection agency, court or an attorney, you agree to pay all collection costs and court costs that incur. If you choose to return once your balance is paid, you will be required to pay in full by cash, debit card, or credit card on the day services are rendered regardless of insurance.

Waiver of Confidentiality: You understand if this account is submitted to a collection agency, an attorney, if we litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Returned Checks: There is a \$25 fee for any checks returned by the bank.

Divorce/Separation: In the case of divorce or separation, the party(s) responsible for the account prior to the divorce or separation remains responsible for the joint account. Upon notification, the adult patients on the account are given separate accounts. When an account involves minor child(ren) we will determine the responsible party, and that parent (or guardian) is responsible for those subsequent charges. If a divorce decree requires the other parent to pay all or part of the treatment costs, the responsible party must collect from the other parent.

Missed/Broken Appointment Fee: If you do not show up for an appointment time for you or cancel with less than a 24 hours notice, a minimum fee of \$25 per appointment will be applied to your account. With the second missed appointment, you may be asked to pre-pay before re-scheduling. Patients with three broken appointments may be asked to transfer their records to another practice.

Transferring of Records: You will need to request in writing and may be required to pay a fee if you want to have copies of your dental records sent to another dentist or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another dentist or organization, you authorize us to receive all relevant information, including your payment history.

Workers' Compensation: We will file claims with your workers' compensation carrier only with the proper authorization from you to do so. At your first visit, notify our staff so that the required information is obtained from you for accurate claims submission. If your worker's compensation claim is denied, you will be responsible for payment in full of services rendered.

Accidents: You pay by cash, check, debit card, or credit card on the day treatment is rendered. We will file claims with your school, medical, or automobile insurance company as a courtesy to you and assign payment to be paid directly to you. An authorization form is required to release any information to these third parties. We do not wait for payment due to any pending litigation.

Bankruptcy: In the event that an account balance is discharged due to bankruptcy, future visits will be paid in full by cash, debit card, or credit card on the day of service regardless of insurance coverage.

Dismissal: Some circumstances warrant that a patient is dismissed from the practice. If you are dismissed, we will only treat you for emergencies for the 30-days following formal notice. After that time you will be required to seek a dentist in another practice.

Questions: If you have any questions regarding these or any other policies, please contact us.