

Office Financial Policy

1. If the patient does not have insurance, full payment is expected at the time of surgery unless other arrangements have been made prior to the date of surgery.
2. At the time of service we do require a percentage of the total fee to be paid which is an ESTIMATE of your out of pocket expense. There may be an additional amount due after your insurance pays.
3. Insurance companies pay benefits based on contracts negotiated with your employer. They term these benefits "reasonable and customary rates" which may or may not reflect the fees in this area. The fees charged in our office fall within many insurance companys' *reasonable and customary rates*. However, those patients who have a contract with a lesser quality insurance company, or those patients whose employers have purchased inferior plans, may have *reasonable and customary rates* which fall below the actual charges. Should this occur the patient (or legal guardian) is responsible for the balance not covered by insurance.
4. Please note that the ONLY dental insurance company that Dr. Hornaday is contracted with is Delta Dental PREMIER.
5. As a courtesy, we will submit your insurance claim for you. Sixty days will be allowed for your insurance company to process and pay your claim. If, after sixty days, no notice has been received from your insurance company, it is your responsibility to contact them directly and the entire balance is your responsibility at that time.
6. If your insurance requires a predetermination prior to the procedure, it is the patient's (or legal guardian's) responsibility to notify our office.
7. The parent (or legal guardian) that accompanies a minor to the office will be responsible for the fees unless prior arrangements have been made with our office prior to the date of service.
8. Should your account become past due, you will be responsible to pay all collection costs. This includes collection agency fees, attorney fees, and all court costs. These fees will be added to your balance and this new amount will be placed with our collection agency and become your responsibility to pay.
9. Regarding Medicaid/Hoosier Health Wise patients: You are required to present, at the time of each visit, a current and valid ID card. As a courtesy, this office will file any secondary insurance you may have. There may be occasions when you will be asked to sign a waiver for any non-covered services that may not be covered under Medicaid/Hoosier Health Wise. These can be services simply not covered by Medicaid/Hoosier Health Wise or services for which you have already met the maximum allowable charges. Also, if you are a Qualified Medicare Beneficiary (QMB), dental services, including removal of teeth, are not covered and you will be responsible for the entire fee.
10. Medicare does not cover for the removal of teeth as well as many other procedures involving the teeth and other structures in the mouth. Therefore, if you have Medicare, you will be responsible for the entire fee if we are removing teeth.
11. Please note that if any portion of your care is rendered at Ball Memorial Hospital, there will be separate charges from the hospital that may or may not be fully covered by your insurance. Dr. Hornaday is not financially affiliated with the hospital and is not responsible for and has no knowledge of these charges. It is your responsibility to check with your insurance to see what will or will not be covered.

This signature is on file as my authorization for the release of information necessary to process my claim and collect monies owed. I hereby authorize payment directly to Dr. Anthony Hornaday of the insurance benefits otherwise due me. I have read the above financial policy and agree to all of the terms therein.

Patient's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Witnessed By _____ Date _____