FINANCIAL POLICIES

Brenda Taege, DDS, LLC
8416 E. Shea Boulevard, Suite C-100
Scottsdale, AZ 85260

1. Insurance companies do not guarantee payment, so our office cannot guarantee the patient what the insurance companies will pay.

2. As of February 2011, our office contracts with the following dental insurance companies which are subject to change at anytime in the future. *Our office **does not** participate with any DMO/HMO plans.*

Aetna PPO	Humana PPO
Assurant PPO	MetLife PPO
Cigna PPO	SecureCare Indemnity
Delta Dental Premier Plan	United Concordia National FFS PPO & Par Net PPO
Guardian PPO	United Healthcare PPO

3. For contracted dental plans, the insurance companies base their payment on a fee schedule. In addition to any deductibles, the patient's financial responsibility will likely be either a copayment or a coinsurance, which is usually a portion of the negotiated fee schedule. The patient responsibility can be found in your dental benefits policy that your dental plan has given to you. This amount will be estimated at the time services are provided and is due when services have been rendered. Once the patient's insurance benefits have been exhausted for any given policy period OR if it is later determined that the policy was not in effect **OR <u>if a procedure is downgraded</u> (ie. some dental plans will only pay for an amalgam-silver restoration even though a composite-white restoration was done or they will only pay for an all metal crown on posterior teeth even though the treatment was for a porcelain crown)** OR if a procedure is not covered by the dental insurance policy, the patient's financial responsibility will be the Doctor's full billed charges.

4. For non-contracted dental plans, the patient's financial responsibility will be the difference between what the dental insurance pays and what the Doctor's full billed charges are. This amount will be estimated at the time services are provided and is due when services have been rendered. The estimate provided by this office is done as a courtesy until the final insurance payment is received and the patient's account has been reconciled. If this office is able to accept your dental insurance company's assignment of benefits, it does not absolve the patient of full responsibility for the charges of treatment rendered. Our office will help file insurance claims as a courtesy to our patients. We are not responsible for what insurance does or does not pay.

5. Dental claims are submitted promptly after treatment is rendered, and if not paid by the patient's insurance company by the 30th day after treatment, the patient will be billed in full.

6. Cancellation policy: As shown on the back of the appointment business card, we reserve the right to charge for appointments cancelled without 48 business hours advance notice. This fee will not be billed to your insurance company.

Acceptance: I have read and understand the financial obligations, and the cancelation policy of this office. I agree to observe and comply with the terms and conditions of these policies.

_____ Signature: _____

Patient, Parent, or Legal Guardian
(Please Print) Date: _____