

Crescent Dental
Dr. Kavita Ghai, DDS, PLLC
2442 SW Cary Parkway
Cary, NC 27513

(919) 674-6070

Fax (919) 674-6071

FINANCIAL POLICY

INSURANCE: As a courtesy to all patients we will verify your dental insurance benefits, but **you are responsible** to know your plan coverage, exclusions and limitations. Furthermore, **you should be aware of non-covered benefits** such as a missing tooth clause, crown/bridge/denture restorations, bruxism, downgraded limitations for fillings and porcelain on crowns on molar teeth, frequency limits for exams, prophylaxis, fluoride and x-rays etc.

The estimated amount not covered by your insurance is due at the time of treatment and may be paid by cash, personal check, Visa, MasterCard, America Express or Discover. To help you accept an extensive treatment plan, we are offering a CareCredit dental treatment Financing Program.

All estimates are subject to final approval by your dental insurance plan; therefore the amount due is subject to change after final explanation of benefits have been paid. _____ **(Initialize)**

INITIAL PAYMENT FOR DENTAL TREATMENT: Most plans are covered for routine clinical exam and cleaning, no deductible is due for diagnostic or preventative treatment **unless otherwise stated**. There are some plans with coinsurance payment for x-rays and dental exam. Deductible for basic/major services customarily include fillings, crowns, extractions, root canal therapy, and periodontal treatment.

- Deductibles are usually (\$25-\$100 per individual up to \$225 per family annually)
- 20% co-payment for all basic services (most cases)

RESIN-BASED COMPOSITE RESTORATIONS (Fillings): Most dental insurance plans do not allow full benefits for composites (white fillings) performed on posterior teeth (back molars). The plan benefit will customarily pay for less expensive treatment- AMALGAM (silver/mercury based restoration). We recommend and we place **only** composite-based (“white”) fillings. The difference is usually \$15-\$35 per filling and the patient is responsible for the difference in cost. Please ask our front desk or doctor if you need more information about composite-based “white” fillings.

_____ **(Initialize)**

PULP-CAP TREATMENT (medicament to protect pulp chamber): Most dental plans do not allow additional benefits for pulp-cap treatment (this procedure in which the filling is very deep and the nearly exposed pulp is covered with a protective medication to help with healing and repair via formation for secondary dentin). The cost of this treatment is \$60-\$72 per tooth (depends on your insurance coverage) and the patient is responsible for payment at the time of treatment. If your insurance does not cover it or does not allow separate benefits, you will be charged a contracted fee (between us as a provider and the insurance)

_____ **(Initialize)**

FINANCIAL CHARGES: All returned checks are subject to a \$25 fee. We have the option to report your balance with us to any credit reporting agency and credit bureau.

_____ **(Initialize)**

PAST DUE ACCOUNTS: In the event that your account is turned over to a collection agency or attorney, you agree to pay all fees including and not limited to attorney fees, court costs, and collection agency fees.

_____ **(Initialize)**

MISSED APPOINTMENT FEE: Please note that there is a broken appointment fee of **\$50.00** for all appointments not given at least 24 business hours notice. Please give us a call in advance if you need to reschedule or cancel your appointment.

_____ **(Initialize)**

This is an agreement between Dr. Kavita Ghai, DDS, PLLC, as a provider of professional services and creditor, and the patient/debtor named on this form. By reading and signing this agreement, you are agreeing and accepting this policy in full.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; ALL MY QUESTIONS WERE ANSWERED TO MY SATISFACTION; I UNDERSTAND AND AGREE TO ALL POLICIES OF DR. KAVITA GHAI, DDS, PLLC

PRINT NAME _____ (PATIENT/GUARDIAN)

SIGNATURE _____ **DATE** _____

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DENTAL INSURANCE CLAIM PROCESSING POLICY

Because dental insurance companies have become increasingly difficult to work with, we have been forced to establish a policy which does not place us in a constant confrontational role.

It is your dentist's responsibility to recommend what you need. All recommendations are based on diagnostic (x-rays) and clinical picture and presented to you by your dentist or by the office manager. Your dentist will give you options (if any) for the treatment recommended, will answer all questions you might have about it and will help you to decide what treatment would be the best for you. When your office visit is completed, the receptionist will enter the charges into the computer. You will be asked to pay an **estimated** amount for the service provided. Our estimate is a guess based on the information provided by the insurance representative over the phone. The information given to us is not a guarantee of payment or approval for the treatment recommended by your dentist.

If you carry a supplementary or secondary Insurance Plan, we will help you with both Insurance claims, but we still will follow our policy to collect any deductible, coinsurance and pre-payment. Your overpayment, if any, will be returned back to you after secondary claim will be cleared, in the form of original payment. _____ **(Initialize)**

If you are interested in following the doctor's recommendation and need to know exactly how much your Insurance plan will pay for it, a pre-treatment estimate will need to be filed. We will file a patient treatment pre-estimate to your insurance upon the patient's request before the treatment is begun. _____ **(Initialize)**

We will send a dental claim on your behalf and we will answer any questions your insurance company may raise about diagnosis or treatment in an appropriate, timely manner. It is important that you understand we are not part of the relations between you and your insurance. If insurance denies benefits for patient's treatment for any reason, the patient is financially responsible for all charges and for outstanding balances on the account. We are unable to "force" an insurance company to fulfill its obligations to you. If the insurance company does not pay for your treatment in a reasonable period of time (more than 2 months), patient is responsible to pay the balance off. All credits, if any, will be returned to the patient upon receiving final payment from the insurance company. _____ **(Initialize)**

We would love to keep you happy and help you to accept a recommended treatment by providing assistance with your benefits. There is a way to help, but it does not include taking on total responsibility for the decisions of your insurance company.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED FROM SERVICES RENDERED by Dr. Kavita Ghai, DDS, PLLC.

PRINT NAME: _____ (PATIENT/GUARDIAN)

SIGNATURE: _____ Date: _____