

Todd Ayars, D.D.S., P.A.
Statement of Financial Policy

Thank you for choosing us for your child's dental care. We are committed to your child's treatment being successful. Treatment is based on the needs of your child and not your insurance coverage. You are responsible for the full amount of fees. If you have dental insurance, you are responsible for any fees not paid by your insurance company. Full payment is due at the time of service is rendered. We accept Cash, Checks, American Express, Care Credit, Discover, MasterCard, and Visa.

MISSED APPOINTMENTS

Our office functions strictly by scheduled appointments only. We ask that you give at least 48 hours notice if you are unable to keep an appointment. This will allow our staff to provide the time for another patient waiting to be seen. There is a \$25.00 fee for missed appointments

REGARDING INSURANCE

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each employer pays an insurance premium for specific coverage, which fits the company budget. We can not guarantee your benefits and can only estimate what your insurance will pay. Each plan may be slightly different in its covered services. We encourage you to become familiar with your policy exclusions, deductibles and required co-payments.

Our courtesy service to you includes:

1. Filing your insurance within 24 hours of your visit and requesting payment of your benefits to our office.
2. Electronically filing your insurance for short turnaround.
3. Researching your dental insurance plan to advise you of benefits available to you.
4. Re-filing your insurance a second time if necessary.
5. Working with you to resolve claim issues with your insurance company.

Our Expectations of you as the owner of the policy:

1. Keeping our office informed of any changes in your insurance coverage or employment.
2. Payment of fees not covered by your insurance plan at the time of service is delivered.
3. Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
4. Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time of the plan. All restrictions are based on the premium paid for insurance not our fees or recommended treatment.
5. You are Responsible for payment in full if the insurance company does not pay our office within 45 days.

Thank you for your cooperation with your dental insurance coverage. Please sign the space below.

I hereby authorize Todd Ayars, D.D.S, P.A. to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to Todd Ayars, D.D.S, P.A. I understand I am responsible for any unpaid balance.

Signature of Insured

Date _____

Signature of Responsible Party

Date _____

Acknowledgment of Privacy Policy

Todd J Ayars DDS PA

Print Name _____

Signature _____ Date _____

Thank you very much for taking time to review how we are carefully using your health information. If you have any questions or would like your own copy of these privacy policies please feel free to ask.

For additional information about the matters discussed in this notice please contact our Privacy Officer. This privacy policy was effective on 02/02/2012.