



**Klockner Road Office**, 2929 Klockner Road, Hamilton Square, NJ 08690 (609) 586-6603

**Kuser Road Office, NJ Family Care**, 2501 Kuser Road (2<sup>nd</sup> Floor), Hamilton Township, NJ 08691 (609) 689-1212

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## Financial Policies for Hamilton Dental Associates

Recently, we have seen continuous changes in the insurance plans of our patients. Managing insurance claims on behalf of our patients has become increasingly intricate in the current dental landscape of ever changing plans and benefits. *In order to serve you properly, it is essential that you provide us with the most detailed and updated information concerning your dental insurance(s). (For example, Aetna Insurance now has hundreds of different dental sub-plans, all with differing benefits.)*

Hamilton Dental Associates is not an agent of, nor is it associated with, any dental insurance company. The ultimate responsibility of determining and understanding the details, restrictions and limitations of your insurance is yours. As a courtesy to our patients, we currently are happy to provide the service of completing, submitting and receiving payments from your insurance company; however, **it is important that you understand that any pre-estimate, either determined by our office or by your insurance company is not a guarantee of payment. Further, these estimates are subject to changes made by your insurance company during claim processing.** Insurance benefits, used to create our office's estimates, are determined by many criteria including but not limited to, your eligibility at the time of treatment, any noted deductibles, and yearly or family maximums. **We cannot guarantee payment from an insurance carrier, nor be held responsible for multiple inquiries, requests or refusals made by insurance company(s) during claim processing. All fees for your treatment are your responsibility, not that of any insurance company or policy.** Unless payment arrangements have been made in advance, payment for services is expected at the time of treatment. Unpaid patient balances are subject to placement with a third party collection agency, and will incur a 25% collection processing fee.

For our patients with dental insurance, signing this form, in addition to understanding the above, gives our office permission to provide your insurance carrier with information from your dental records, which may assist in processing your claims. As part of the contract with your insurance carrier, patients also agree that insurance payments for dental services performed by Hamilton Dental Associates will be directly endorsed to our office. If, for any reason, insurance payments are issued to the patient directly, it becomes the patient responsibility to endorse these payments to the office where services were provided. If the amount owed to this office is less than the amount of the dental benefit payment, then the patient shall pay only the balance owed. Credits will be kept on accounts unless otherwise requested, in which case a refund can be issued within 30 days of request.

Finally, we appreciate and value the time of our patients. In recognition of fellow patients, who may have otherwise been able to attend an open appointment time slot, patients that miss multiple appointments without contacting our office may be assessed a \$50 cancellation fee. I understand that I am financially responsible for all professional services rendered, and that a 25% collection fee will be assessed on all unpaid balances that are placed with our collection agency.

**I understand that I am financially responsible for all professional services rendered, and that a 25% collection fee will be assessed on all unpaid balances that are placed with our collection agency.**

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PRINT Patient, Parent, Responsible Party

SIGNATURE

Date

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**Pediatrics** - Irving Djeng, DDS, Lauren Levine, DMD **Orthodontics** - Michael DeLuca, DMD, Matthew Etter, DMD

**Adult Dentistry** - Kevin Collins, DDS, Deolinda Reverendo, DMD

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