

## Dr. Harvey Levy & Associates, P.C.

198 Thomas Johnson Drive, Suite 108, Frederick, MD 21702

Office: (301) 663-8300 Fax: (301) 682-3993 E-mail: appointments@drhlevyassoc.com

### OFFICE FINANCIAL AND INSURANCE POLICY

July 21, 2016

Thank you for choosing Dr. Harvey Levy & Associates, P.C., as your dental practice. We've been striving to keep our fees fair and reasonable since opening our doors in 1980. You assist that effort when you pay at the time of service.

This practice will make every effort, to the best of our knowledge and ability, to inform you of your treatment options and associated fee ranges.

#### PAYMENT

Payment is required at the time of service. To make payments convenient for you we accept cash, money order, debit card, check, all major credit cards, and third party financing through Care Credit.

#### DENTAL HEALTH CLUB

If you are not covered by an insurance plan, we offer discounted fees through our Dental Health Club. Terms are described in our Dental Health Club brochure dated 4/26/2016.

#### INSURANCES

We fully cooperate with patients who are covered by insurance plans. Please check with your insurance company if Dr. Harvey Levy, Dr. David Somerville, Dr. Niraj Patel or Dr. Sunanda Bhushan is on your list of providers. Please read your policy carefully and become familiar with its benefits and limitations.

It is important that you understand that in most cases your insurance is designed to reduce your cost, NOT eliminate it completely. You are ultimately responsible for the full amount of your bill, regardless of your insurance coverage.

All patients who have insurance are expected to pay 100% of their deductible and co-payment at the time of service. Any difference will be billed or refunded after the insurance payment has been received.

#### DUAL INSURANCES

If you have dual insurance and correct information is provided to our office, we will be happy to submit to your second insurance after your first insurance has paid its portion.

#### SENIOR CITIZEN DISCOUNT

Patients 65 or over may claim a 5% Senior Citizen discount on payments made on the day of service. This discount does not apply to members of our Dental Health Club.

#### DISCOUNTS FOR COSTLY PROCEDURES

If you pay 100% of your uninsured portion on the day of service, or pay 100% of the uninsured portion of your entire treatment plan on the first day of service, the following discounts apply:

- Payments made with cash, money order, debit card or check will receive a 5% discount for charges over \$300 or 10% for charges over \$1000.
- Payments made with a credit card will receive a 3% discount for charges over \$300 or 8% for charges over \$1000.

These discounts do not apply to members of our Dental Health Club or to patients using Care Credit.

#### DOWN PAYMENTS FOR APPLIANCES

At the start of cases requiring appliances (bridges, crowns, dentures etc.) we require a down payment of at least 50% of your anticipated portion of the treatment, to cover the lab fee, with the remaining patient portion due at delivery.

#### OPERATING ROOM AND OFF-SITE CASES

All estimated fees and co-payments must be paid one week prior to the treatment date. The senior citizen and other discounts are applicable as stated above.

#### OUTSTANDING ACCOUNTS

If an account is outstanding for more than thirty (30) days, interest at the rate of 18.0% per year will be added to the balance. If the account is not cleared within sixty (60) days, we will proceed with legal action.

If legal action has to be initiated to collect overdue balances, you become responsible for all attorney and court fees.

Patients who have made arrangements under a prior financial policy and who are still carrying balances may NOT add to their existing balances. Any new work must be C.O.D. (cash on delivery of service) in addition to monthly payments on the old balances.

(Continued on back)

**RETURNED CHECKS**

Any check returned to our office is subject to an additional clerical fee of \$39.00. Immediate remittance of the amount due plus the clerical fee, in the form of cash, money order, or credit card, is expected. Failure to do so in 30 days will result in the outstanding account being charged an interest rate of 18.0% per year.

**MISSED APPOINTMENTS**

When time has been reserved for you and you do not keep your appointment (or fail to contact the office 24 hours prior to the appointment to cancel), a minimum overhead fee of \$60 will be charged to your account. Additional pro-rated fees of \$60 per hour will apply if the missed appointment is longer than one hour.

**REQUESTS FOR X-RAYS**

All requests to send a copy of x-rays to the dentist of your choice must be received in writing (by HIPAA law, originals remain property of the permanent record). Please allow one week for processing and note that a pre-paid handling fee of \$35 is required.

**QUESTIONS OR CONCERNS**

If, at any time, you have a question about this policy or your account, please do not hesitate to contact one of our Front Desk Coordinators for assistance. We are pleased to be your dental provider, and thank you for your cooperation.

**I have read the above policy (front and back) and agree to be bound by these terms.**

\_\_\_\_\_ (My Name, Printed)                      \_\_\_\_\_ (My Signature)                      \_\_\_\_\_ (Today's Date) (SEAL)

**GUARANTOR OR OTHER RESPONSIBLE PERSON:**

I have read the policy (front and back). I agree to accept all financial responsibility for: \_\_\_\_\_ (Patient's Name)

\_\_\_\_\_ (My Name, Printed)                      \_\_\_\_\_ (My Signature)                      \_\_\_\_\_ (Today's Date) (SEAL)