

Insurance and Financial Policy

At Sullivan Dental Center, we believe that you deserve the best care. That is why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits but some do not. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know: Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care, it is only meant to assist you.

We currently accept all private insurance plans (plans that do not require you to select a dentist from a list HMO or require our office to accept a reduced fee for service discount plan). This means that we work literally with thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefits, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment that is if your insurance allows us to send this in. Keep in mind that this is not a guarantee of coverage. This does delay treatment but will give you an exact out of pocket figures you may require. We will bill your insurance as a courtesy. If your insurance does not pay within 90 days, Sullivan Dental Center reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all the charges incurred in our office. Sullivan Dental does offer payment arrangements if needed and we accept MasterCard, Visa, American Express, Discover, cash, money orders and checks. If you are in need of an extended finance option, we also work with Care Credit, Springstone, and Citi Health card which offer 3, 6, 12, or 18 month interest free or "same as cash" with longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

For larger, more comprehensive treatment plans of \$1000.00 or more, a 1/3 deposit is required to secure your initial treatment appointment.

A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require **at least 48 hours** notice to avoid a **\$100.00/hour cancellation fee** (emergencies are an exception).

In the event of an emergency after regular business hours, a **\$100.00 emergency fee** will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged **\$125 after hour's emergency fee**.

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ have been given the opportunity to view this offices Notice of Privacy Practices.

(You may request a copy of our Notice of Privacy Practices at any time)

➤ **Signature** _____ Date _____

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign ☐ Communications barriers prohibited obtaining the acknowledgement ☐ An emergency situation prevented us from obtaining acknowledgement ☐ Other (please specify) _____

Consent for Use of Written Testimonial, Audio, Video and Images

I hereby consent to the use of my written testimonials, pictures, voice and/or video recordings for use in any advertising, marketing, publicity, networking or public relations for SSC Dental Center, LLC, DBA Sullivan Dental Center. I further understand that no royalty, fee or other compensation of any character shall become payable to me by Sullivan Dental Center. I understand that my consent to use words, picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any benefits or treatment to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded and may, in writing, rescind my consent for previous materials to be used in future advertising contracts.

Please Check One: ☐ My full name may be used to identify my testimonials, pictures, voice & video
☐ Only use my first name to identify my testimonials, pictures, voice & video
☐ Do not use my name to identify my testimonials, pictures, voice & video

➤ **Signature** _____ Date _____