

58 Dental's Financial Policy

I. Treatment Plan Estimates

At the patient's request, 58 Dental prepares a Treatment Plan Estimate so that patients can understand the estimated costs of their recommended treatment prior to its start. The Treatment Plan Estimate is a good-faith attempt to predict the cost of your treatment based on the facts known to 58 Dental when the estimate is made. As your treatment progresses, your dentist may determine in consultation with you that different or additional treatment is necessary and your financial responsibility may change. If you have dental insurance, it is important to understand that your actual insurance benefits may differ from the benefits estimated in your Treatment Plan Estimate. Your Treatment Plan Estimate of insurance benefits is based on information provided by your insurance company and by you. It is an estimate and your insurance benefits may be higher or lower than estimated. In all cases, you are responsible for amounts not covered by your insurance, unless prohibited by law or contractual agreement. In all cases, we encourage all patients with insurance to refer to their member handbooks or to call their plan administrators with any questions or concerns relating to specific benefits.

II. Predetermination of Insurance Benefits

If you have insurance benefits, you may have the option to seek a Predetermination of Benefits before you proceed with any treatment. Predetermination of Benefits is a process whereby your insurance company or plan administrator tells you in advance of treatment what procedures may be covered by your insurance plan, the amount the insurance company may pay toward those procedures, and the amount you may be required to pay. Requesting a Predetermination is like submitting a claim before the dental procedure or service has taken place. Because the Predetermination comes directly from your insurer or plan administrator, the risk of error as to your coverage is reduced. If your treatment includes extensive or complex services, such as bridges, crowns, dentures or periodontal work, a Predetermination may be particularly helpful to allow you to appropriately budget for the services or discuss any potential alternative treatment that may be available, if necessary. The Predetermination of Benefits process gives you useful information about what services may be covered. However, your insurer will inform you that a Predetermination of Benefits is not a guarantee of coverage. A Predetermination sets forth your expected benefits based on the information available to the insurer at the time the Predetermination is prepared. The Predetermination may not consider, for example, a prior claim submitted by another dentist for services provided to you, changes in your coverage that occur after the Predetermination is made but before the services actually are provided, or the insurance company's subsequent opinion that a condition could have been treated by a less costly alternative to the service provided by your dentist. The time it takes to receive a Predetermination from your insurance company or plan administrator can vary, from as few as two weeks to as many as eight weeks. The decision to seek a Predetermination of Benefits or to proceed with treatment immediately is your own, unless your plan requires otherwise. **Please inform the Office Manager if you would like to request a Predetermination of Benefits from your insurer.**

III. Payment Policy

In all cases, 58 Dental patients agree to the following payment policies:

- Payment in full of the estimated patient portion of the fees is due no later than when services are rendered.
- For comprehensive treatment plans requiring multiple office visits, 58 Dental requires a minimum deposit of 60% of the total estimated patient portion of the fees at the start of treatment.
- Patients are always responsible for amounts not covered by insurance, regardless of whether the original estimate included an expected insurance benefit, unless prohibited by law, or unless 58 Dental has a contractual agreement with the patient's plan prohibiting all or a portion of such charges.

- Patients may, at their discretion, elect to pay in full, in advance for comprehensive treatment plans. Refunds for unused credit balances will be issued pursuant to 58 Dental's refund policy as stipulated in section IV, below.

IV. Refund Policy

You may discontinue treatment and request a refund from 58 Dental at any time. 58 Dental will refund any amount paid for treatment that you did not receive, except when 58 Dental's policy for Interrupted Services, set forth in section VI, applies. All Refunds will be issued by check.

V. Treatment Cancellation and Interrupted Services Charges

Patients requiring crown or bridge services or any dental service that requires laboratory fabrication may cancel treatment with no charge prior to natural teeth being prepared or altered for the prosthetic or the case being sent to the dental laboratory. Once tooth preparation occurs or the case has been sent to the laboratory, patients are liable for the estimated full cost of the services even if they choose not to complete treatment.

VI. Accepted Forms of Payment

58 Dental accepts cash, personal checks, debit cards, Visa, MasterCard, American Express, Discover, assigned insurance benefits and approved third-party financing.

VII. Denture Warranty

58 Dental's complete and partial dentures are eligible for three adjustments after delivery and FREE annual professional cleaning and inspection. However, 58 Dental will not reconstruct, repair, reline or replace the denture, free of charge, due to any of the following: loss, discoloration, excessive wear (for example, excessive grinding of teeth), inappropriate use (for example, any use not prescribed by the dentist), neglect or abuse. Defects or damages resulting from any adjustment or alterations of your denture by someone other than an authorized 58 Dental representative are excluded from coverage under our warranty agreement and will render it null and void.

VIII. Collections

Patients agree that in the event their account with 58 Dental is turned over to a collection agency or attorney due to non-payment, the patient will pay an additional 50 percent of the balance as reasonable collection fees (to be added to the balance at the time the account is placed for collection) plus any court costs and attorney's fees incurred in connection with the collection of the account.

Patient Signature _____

Date _____

