



Jared Berger DMD

Office Financial Policy – Effective 1/1/2010

Dear Families,

In the interest of good healthcare practice, it is desirable to establish a financial policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good oral health and we wish to spend our time and energy toward that goal.

Our policy is to make your experience an exceptional one. You can expect the utmost professionalism and courtesies from myself and my staff. In order for this office to provide you with the best and most efficient services as possible, the following policies must be agreed upon:

1. **Insurance.** Insurance(s) are gladly billed as a courtesy to our patients when current card(s) are provided to us. Insurance reimbursement is a contract between you, your employer and your insurance carrier. YOU are responsible for payment of your account. You are responsible to be aware of your benefits and to contact your carrier directly when issues arise regarding timely payment of claims or denials. We cannot accept responsibility for follow-up on your claims, negotiating a disputed claim, change in insurance fees, or claim denials. Our staff will assist you, if appropriate or as needed.
2. **Insurance Payment.** If insurance payment is not received within 60 days of submission of the claim, you will be informed of your responsibility to contact the insurance company and ensure that payment in full is received promptly. It is your responsibility, not ours, whether your insurance company pays on time.
3. **Co-pays/Deductibles.** All co-pays and/or deductibles are due at the time of service. Our office makes the best attempt to estimate your responsibility prior to treatment, however, we are not responsible for how your insurance ultimately pays.
4. **Cancellation and No-Shows.** We make it our responsibility to contact you, whether by telephone, email or text at least 24 hours prior to your appointment to confirm. If you do not cancel your appointment in a reasonable amount of time (i.e. 24 hours if scheduled in advance, 2-hours if scheduled same day) and/or simply fail to show-up, the following will apply: a. 1st No Show – The patient will receive a telephone call informing them they missed the appointment. b. Any additional breach of this policy will incur a \$50 charge. c. The office, at its sole right and discretion, may suggest to any patient guilty of these habits, they find another dental professional.

5. **Zero Balance Ledger.** We run a zero-balance office which means all outstanding accounts are due and payable at the time of your visit, unless satisfactory arrangements have been previously authorized. Any anticipated patient responsibility after insurance is due and payable at the time of service. We only balance bill that portion which was either changed by an actual insurance payment wherein we could not appropriately estimate the patient responsibility upfront. Any reimbursement due to a patient will be processed immediately. There is a \$15 late charge if balances are not paid at the first bill and subsequently \$30 each month thereafter. All personal accounts past due for more than 60 days are sent to collections. A collection fee of fifty percent (50%) of the total balance, including late charges, is also applied.
6. **Xray or Form Completion.** Copies of xrays are released for a charge of \$50.00. Please note the fee charged and accepted for the initial xrays taken is for the chair time, materials, administration, evaluation and professional fee.
7. **Returned Checks.** A \$35 charge will be added to accounts for each check that is not honored by your bank. If two checks are bounced, we reserve the right to require an alternate method of payment, either cash, money order, credit or debit card in the future.
8. **Family Accounts.** Please note that any adult within the family unit is responsible for the entire account. For example, a wife is responsible for the balances owed by the husband and/or children, and a husband is responsible for the balances owed by the wife and/or children.

We believe these policies are necessary and fair to afford you a comfortable and reliable practice wherein you can be confident your dental needs and oral health will be taken care of which in turn aids in your overall health and wellness.

Sincerely,

Dr. Jared Berger and Staff

Any changes to this policy will be made at the discretion of Family Dentistry of Brick, P.A., will be dated and posted in a common area of the office and will be available in print upon request.

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