

# Christine T. Boyer DDS, Inc.

Email: [reception@ctboyerdds.com](mailto:reception@ctboyerdds.com)    Webpage: <http://www.ctboyerdds.com>

9 West El Rose Drive, Petaluma, CA 94952 - 4022. Phone (707)762-3600. Fax (707)762-7575

## INSURANCE & FINANCIAL POLICY

In the office of **Dr. Christine Boyer D.D.S.**, we believe that you deserve the best care. That's 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 dental insurance. We are in-network with the following plans: **Delta Premier, MetLife, Guardian, United Concordia, Principal, Humana and United Healthcare.** 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 the 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 exact insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. This does delay treatment but will give you the exact out of pocket figures you may require.

Many people receive notification from their insurance company that dental fees are "above usual and customary." An insurance company determines their reimbursement level by surveying a geographical area, calculating the average fee, and then determines that 80% of the average fee is customary. Included in this survey are discounted dental clinics and managed care facilities, which have severely reduced dental fees that bring down the average. **Any doctor in private practice will have fees that insurance companies define as "higher than usual and customary."**

We bill your insurance as a courtesy. If insurance does not pay within 90 days, **Dr. Boyer D.D.S.** 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 charges incurred in our office.

**Dr. Boyer, D.D.S.** requires payment in full for your portion at the time of service. We accept MasterCard, Visa, debit cards, cash and checks. If you are in need of an extended finance option, we also work with the **Care Credit Finance Program.** You may choose a zero interest option for up to six months, and beginning at 14.9% for longer periods on approved credit. Our office staff would be happy to provide you with an application.

**Broken Appointments:** A specific amount of time is reserved especially for you and we encourage all patients to keep their appointments. If you must change your appointment, we required at **least 48 hours** notice to avoid a

**\$25 cancellation fee** (emergencies are an exception).

**After Hours/ Weekend Emergencies:** In the event of an emergency after regular business hours, an emergency fee will be charged as Office Visit (not including any necessary treatment). If applicable, your insurance will be billed for this additional fee.

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visit here more pleasant, please don't hesitate to ask one of our staff members.

Patients Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_