

BRYAN J. ROY, D.D.S., M.S.D., P.C.
PRACTICE LIMITED TO PERIODONTICS

Financial Policy

1. Fees for the initial exam are due on the day that the service is provided.
2. Insurance Policy:
 - a. As a service to our patients, we will file insurance claims on their behalf and will respond in a timely manner to requests for additional information made by the carrier.
 - b. We will accept assignment of insurance benefits as payment for services rendered with any amount not expected to be covered by insurance due on the day of service. We will allow a maximum of 90 days for receipt of insurance payment. If payment is not received in this time, the patient will become responsible for payment of the account. Please understand that insurance coverage is a relationship between the insurance company and the insured/patient. The patient is the customer of the insurance company and thus has leverage in getting claims paid in a timely manner. As a provider, we have no recourse against insurance companies that are delinquent and reserve the right to refuse to accept assignment from such companies.
 - c. Usual and customary determinations made by the insurance company indicate the level of coverage purchased by the subscriber and are not necessarily indicative of fees charged in this office/area.
 - d. Your **estimated portion** is due at the time of service and any balance due after the insurance claim has been processed will be billed to the patient and is due within 30 days. Any resulting overpayment will be refunded to the patient in a timely manner (within 30 days).
3. Payment Plans:
 - a. Cash discount of 5% will be applied for qualifying **pre-paid** treatment plans. Payment must be received at least 7 days prior to the appointment. Payment must be made with cash, check or money order. **Credit cards do not qualify.**
 - b. Payment plans are available through Care Credit and will be discussed at your request.
 - c. Visa, MasterCard and Discover are accepted as well as personal checks and cash.
 - d. In-house payment plans (monthly payments to our office) are accepted over 90 days and must be in writing prior to services being performed. The first payment will be due 10 days prior to scheduled treatment (or day of treatment if scheduled within 10 days).
4. We reserve the right to charge interest on past due account balances. Interest will be charged at an annual rate of 18% and accrues daily. If collection procedures are required, the patient is responsible for all collection fees including a placement fee of \$25.00. A \$25.00 fee will be charged for all returned checks. All returned checks will need to be taken care of within 10 business days with cash or money order. Returned checks will not be redeposited.
5. We reserve the right to charge for failed appointments at the rate of \$50.00 for non-surgical appointments and \$150.00 for surgical appointments. An appointment is considered "failed" if it is cancelled without at least a full 2 business day notice, or if a patient fails to arrive for their appointment. We ask that as a courtesy, at least 3 business days' notice be given on all appointments that must be rearranged.

I have read and understand the above financial policy and agree to the terms outlined. I hereby authorize payment to Dr. Bryan J Roy of the insurance benefits otherwise payable to me. Additionally, I authorize the release of any information relating to dental claims submitted on my behalf by Dr. Roy. I understand that I am responsible for all fees for dental treatment regardless of payment by my insurance company and I fully understand that an appointment cancelled without at least 2 business notice or failure to appear for an appointment without notice is subject to a failed appointment charge as noted above.

SIGNATURE _____ DATE _____

BRYAN J. ROY, D.D.S., M.S.D., P.C.
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