

KEVIN J. DAILY, D.D.S.
4100 PORTOLA DRIVE, SUITE 4
SANTA CRUZ, CALIFORNIA 95062
(831) 476-4100

FINANCIAL POLICY

DUE TO CONTINUAL CHANGES IN DENTAL INSURANCE PLANS, WE NO LONGER CAN GIVE ACCURATE PRE-ESTIMATES FOR PATIENTS REGARDING THEIR INSURANCE COMPANY'S PARTICIPATION IN THE PAYMENT FOR DENTAL SERVICES. WE WILL DO OUR BEST TO ESTIMATE THE INSURANCE PORTION AND THE PATIENT'S PORTION FOR THE NEEDED DENTAL TREATMENT. BUT PLEASE UNDERSTAND THAT THIS IS JUST A "BEST GUESS ESTIMATE".

REGARDLESS OF WHETHER YOU HAVE DENTAL INSURANCE OR NOT, YOU ARE RESPONSIBLE FOR THE FULL FINANCIAL COST OF DENTAL TREATMENT.

WE WILL CONTINUE TO ASK YOU TO PAY OUR "BEST GUESS" OF YOUR SHARE. IF YOU NEED TO KNOW EXACTLY WHAT YOUR INSURANCE WILL PAY, WE RECOMMEND YOU PHONE YOUR CARRIER AND ASK THEM DIRECTLY FOR THAT INFORMATION OR WE CAN SEND A WRITTEN PRE-AUTHORIZATION ON YOUR BEHALF.

AS A COURTESY WE WILL CONTINUE TO SUBMIT CLAIMS TO YOUR CARRIER. HOWEVER, YOU STILL REMAIN RESPONSIBLE FOR THE PAYMENT OF ALL CHARGES INCURRED. YOUR INSURANCE COMPANY WILL DETERMINE WHETHER OR NOT A PROCEDURE WILL BE COVERED AND THE AMOUNT THEY WILL PAY AFTER THEY HAVE PROCESSED THE CLAIM FOR PAYMENT.

OUR OFFICE NORMALLY ALLOWS 60 DAYS TO RECEIVE PAYMENT FROM YOUR CARRIER. IF YOUR CARRIER HAS NOT MADE PAYMENT WITHIN 60 DAYS, WE WILL ASK YOU TO TAKE FULL RESPONSIBILITY FOR THE BALANCE ON YOUR ACCOUNT AND WE WILL CONTINUE TO ASSIST YOU IN GAINING A REIMBURSEMENT FROM YOUR CARRIER.

NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE _____