Cosmetic & Family Dentistry

Recca Puri, DDS
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Patients with Dental Insurance: As a courtesy to you, our office will gladly submit to your insurance. We are able to bill to all traditional, indemnity insurance plans. We do not accept DMO or DPO plans (Dental Maintenance or Dental Provider Organizations). Under these plans, there is no coverage when treatment is rendered by a non-participating dentist. Please check your type of plan carefully. Patients with Delta Dental Insurance: Dr. Puri is a participating "PREMIERE" provider (not PPO). However, for all PPO plans, even though Dr. Puri is out-of-network, we are still able to bill your insurance and benefits are payable. For more specific information about out-of-network benefit amounts, please call your insurance company.

Authorization to Release Info and Assignment of Benefits: I certify that I, _____, (Or my dependent) have (has) dental insurance coverage and assign directly to Dr. Puri all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize the doctor and/or her staff to release all necessary personal information to my insurance company in order to secure the payment of benefits.

I**n the case of divorce:** The patient seeking treatment of their child will be responsible for the payment of services. If this is an issue with the ex-spouse divorce decree, it will be the responsibility of the parent seeking treatment to resolve any issues with the ex-spouse. We cannot get involved with any divorce situation, nor should it be our responsibility to pursue payment from an ex-spouse.

Payments: We accept cash, check, VISA, MasterCard, and Discover. Payment of your "estimated" portion is due at the time services are rendered, such as your annual deductible and/or percentage of the treatment not covered by insurance. As a courtesy, we will gladly contact your insurance in order to provide an "estimate" of your patient portion. However, despite this, we cannot guarantee the payment of insurance benefits nor can we provide 100% accuracy of this estimated amount since many factors are involved that determine the actual payment of benefits once submitted and processed by your insurance. Keep in mind that many insurance companies base their quoted percentage of coverage (i.e. 100%, 80%, 50%, etc.) on their own fee schedule, and not our office's actual fees, which may result in a balance due higher than expected. Should an outstanding balance due result after your insurance company processes your claim, you will then be sent a statement. Payment in full is due by the due date printed on the statement. If a credit balance should result after insurance processes your claim, a refund will be promptly issued to you.

Unpaid Insurance Claims: All dental services rendered, whether or not covered by insurance, are ultimately the financial responsibility of the account holder. We will give your insurance company 60 days to remit payment. If there is still no payment after this time, in order to keep your account current, you will be financially responsible for 100% of the outstanding insurance claim. A statement will be sent to you, and payment in full will be due on the due date printed on the statement. It is the responsibility of the account holder to follow up with their own insurance company regarding the non-payment of a claim. Should our office eventually receive a payment from your insurance after it has been paid by you, a prompt refund will be issued.

Past-Due Accounts: If payment is not received by the due date printed on the statement, then your account is considered "past due". We reserve the right to charge a **$4.00** per month billing charge on all past due accounts. If the balance is still unpaid after 90 days, the account will be turned over for further collection action. If an account is turned over to our collection agency and/or our attorney for collection, the account holder will be responsible for ALL attorney and/or collection fees that this office incurs while attempting to collect on the unpaid balance. These collection fees will be added to the outstanding portion of the account, and will also become the financial responsibility of the account holder. **If your account goes into collection Dr. Puri-patient relationship will be terminated. In the case of an emergency Dr. Puri will be available for 30 days from the date you are sent to collection. This includes all patients on the account.**

Initial:_____

Missed Appointments: Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of $25.00. Please help us to serve you better by keeping scheduled appointments.

Patients without Dental Insurance: Payment in full is expected at the time services are rendered. We accept cash, check, VISA, MasterCard, and Discover. If, however, payment is made with cash or check, a 5% discount is provided. We are unable to provide this discount if payment is made with a credit card.

Our Office: no longer uses Amalgam (silver) as a filling material. We rely on, bonded adhesive dental materials that have proven to be more conservative than Amalgam. Unfortunately, some of the Insurance companies will make an allowance from a composite filling fee to an Amalgam fee. Insurance will basically pay what they would pay as if the restoration is Amalgam.

By signing below, I verify that I completely understand, agree, and accept the policies outlined above. I further acknowledge that I am responsible for all dental services rendered me and my dependents (if applicable).

Patient Name (print): _____Date: _____

Signature: _____ Relationship to patient: _____