



Financial Policies

Thank you for choosing Stellar Dental for your dental health needs. Prior to initiating any services or treatment, we ask that you review our Financial Policies and agree to them by signing below. If you have any questions, please do not hesitate to ask our front desk staff for clarification.

❖ Payment is Required at the Time of Service

This policy applies to all estimated deductibles, co-insurance and co-payments under your dental (and health, when applicable) insurance policies, provided we are a participating in network provider. If we are not a network provider for your insurance plan or if you do not have insurance, we require full payment at the time of service.

Any exceptions to this policy must be approved by office management prior to initiating service.

We accept cash, personal checks, Care Credit and most credit cards. If you provide a check that is returned for insufficient funds, a penalty charge of \$30 will be applied to your account.

❖ Policy for Filing Insurance

Stellar Dental is an in-network provider with many different dental insurance policies. We also accept payments and will work to submit claims on your behalf to any insurance policy we are not in network with. Each of these individual plans vary in their benefits, coverage policies and financial requirements. When you come to the office, please bring a current insurance ID card. We will verify eligibility. If your insurance coverage is current and valid, we will file a claim with the insurance company by providing all necessary information to determine benefits. The insurance company will then approve the claim and pay us directly.

If we are unable to verify your insurance or if you are not eligible for insurance, we will consider you to be self-pay and financially responsible for the cost of your care at the time of the visit.

In some cases, your insurance company may not cover the services we provide or may determine that some of the services are not medically necessary. If either of these two cases arise, you are financially responsible for the care you receive.

Though we make our best efforts to confirm all benefits prior to initiating treatment and will always do our best to advocate on behalf of our patients to their individual insurance providers, we may not always be able to fully and accurately predict what your insurance provider will pay towards or to what degree. As whatever amount is left due in the patient's account is their sole responsibility, we do encourage all of our patients to contact your insurance company for answers to questions about your insurance benefits directly.

❖ Minors/Patients under Guardianship

An adult patient or legal guardian accompanying a minor patient or a patient under guardianship is responsible for the payment of the patient's account regardless of who holds the insurance policy. Unaccompanied minors may be denied non-emergency care until a parent or guardian is present or able to provide permission for treatment and payment arrangement for the account.

The exception to this policy is in keeping with North Carolina state law: a minor can provide consent for the prevention, diagnosis and/or treatment of any pregnancy, sexually transmitted disease, reportable communicable disease, substance abuse, emotional disturbances or their associated effects.

❖ **No-show / Cancellation Policies**

Any patient, or a patient's legal representative, is required to provide the office a minimum of 24-hours' notice to change or cancel their previously scheduled appointment. If such notice is not provided, a \$40 charge per hour of scheduled time may be applied to their account.

A patient who continually fails to provide notice, may become ineligible for scheduling appointments ahead of time and be required to schedule day of visits only as time in the schedule permits.

❖ **Refunds**

There may be times when our estimates of your out-of-pocket expense may result in a credit to your account after the insurance company pays its portion. If you make an overpayment on your account, you will be notified within one-months' time of the credit being applied to your account. At your request we can apply the overpayment to future balances. Alternatively, we will issue you a refund by check within 2 weeks of the request.

❖ **Collection Agency**

Patients with outstanding balances of more than 90 days must make arrangements to be placed on a payment plan prior to scheduling future appointments. If payment arrangements are not made, or if you fail to comply with the arrangements previously made, resulting in no payment towards the account, we may turn the account over to a collections agency. The same holds true to any patient who outwardly states they are opting to not move forward with paying their account at any time after the account becomes due. Once the collection agency has your account, you are responsible for direct payment to the agency.

I understand and agree to the above policies.

Signature of Patient (or Parent/Guardian): _____ Date: _____