



PLYMOUTH VALLEY DENTAL GROUP
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Financial Policy Changes Starting November 1st, 2010

We are committed to providing you with the best possible care. To help us maintain billing costs to a minimum, we have implemented the following financial policy. If you have any questions, please do not hesitate to ask us.

PAYMENT IS DUE AT THE TIME OF SERVICE

Please understand that payment of your bill is considered a part of your treatment. Patients with PREAUTHORIZED work are asked to pay their CoPay at the time of service. Patients without a Preauthorization are asked to pay an estimated amount based on your percentage of the UCR [Usual and Customary Rate for the area] covered under the terms in your dental insurance. Since we are familiar with the UCR for our office, we will strive to give you the most accurate estimate. If overpayment occurs, a refund will be mailed to you.

Minor patients: The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment. Once your child turns 18 years of age, you **MUST** inform us **IN WRITING** if you are no longer financially responsible for them. Otherwise, you will be responsible for services provided to them regardless of whether you accompanied them.

- We accept cash, checks, MASTERCARD/VISA/DISCOVER and DEBIT
- We accept Paypal via booboo771@yahoo.com and also CARECREDIT.
- Returned checks will be subject to additional collection fees and charges.

Patients with dental insurance: We will continue to submit to your insurance company. However, we ask that you pay your insurance co-payment for Major services at the time of treatment. Deductibles may or may not apply in addition to co-payments. Co-payments vary depending upon individual policies of your plan. Typical co-payment requirement: 50%-60% of the UCR, plus any deductible.

Patients without dental insurance will receive a 5% discount for services in excess of \$500.00 when paid in full at the time of treatment.

Patients enrolled in our Plymouth Valley Dental Group plan **MUST** pay their copayment on the date of service, and **MUST** renew the plan each year as of their anniversary date in order to continue to be enrolled in our plan.

SPECIAL INFORMATION FOR PATIENTS WITH INSURANCE:

We will gladly discuss any questions relating to your insurance. However, please realize that:

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
- Our fees generally fall within the acceptable range in our area of service. Being a participating dentist means we accept as payment in full the UCR amount set by the insurance company. Your employer contracts with your insurance company to design your benefits. Not all services are a covered benefit in all contracts. If we provide a service that is not a covered benefit under your plan, you will be responsible for payment in full of our usual fees.
- As dental care providers, our relationship is with **YOU**, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all rendered charges are your responsibility from the date of service. Any disputes regarding your coverage must be handled between you and your insurance company. There will be a \$50.00 charge if we have to resubmit claims because you did not provide us with your current and correct insurance information.