FINANCIAL POLICY

Review Prior to Treatment

RICHARD L. BECKERMEYER DDS, PC
123 MARMONT ST. NILES MICHIGAN
269-683-6461

Our dental practice is evidence-based not insurance centered. We base our treatments on your needs and goals as determined by our dental professionals. We are providing you with our Financial Policy before your initial appointment to generate questions, provide answers and avoid misunderstandings.

Please understand that payment of your bill is considered part of your treatment plan.

PATIENT COMMUNICATION

Our office provides confirmation calls and postcards for appointments. We ask that if we are unable to reach you, that you please contact us as soon as possible to confirm your appointment. Failure to do so may result in your appointment needing to be rescheduled and a late cancellation fee may be applied.

MINOR PATIENTS

Minors must be accompanied by a legal guardian or parent at their initial visit and someone over the age of 18 at all subsequent visits. The legal guardian or parent is responsible for full payment of services at the time of treatment. Should the recommended plan of treatment change, approval is required from the legal guardian or parent. if the legal guardian or parent is not present at a subsequent visit, he or she must be available by phone in the event of an emergency. Emergency treatment may require hospitalization. The legal guardian or parent is required to notify our office of any changes in the medical history of the minor prior to treatment. In the event of divorce decrees, this office is not a party to a divorce decree. The legal guardian or parent is responsible for payment.

DENTAL INSURANCE COVERAGE

As a courtesy, we receive a basic breakdown of your benefits from your dental plan carrier, however this is only an estimate of your benefits. Please understand your co-pay is due at the time of service. Full responsibility for understanding your benefits, exclusions, limitations, and how it relates to your dental procedures is a contract between yourself and the plan provider. At any time, if you have questions regarding your dental plan as it relates to your treatment we will happily answer to the best of our knowledge. If your dental plan does not cover procedures as estimated, the portion not covered may be your responsibility. Our office files electronic claims for our patients as a courtesy. Your signature below authorizes this service. Keep in mind your contract is between you and your dental plan provider. Your advocacy in the process will help us maximize your benefits to their full potential. If your plan is fee scheduled, you are responsible for providing the fee schedule to our office prior to an appointment. It is your responsibility to pay for agreed upon and necessary services.

INTEREST FEES

Interest in the amount of 1.5% per month will be charged to any overdue balance after 30 days.

FINANCIAL AUTHORIZATION

I certify and assign directly to Richard L. Beckermeyer DDS, PC all payments from third party payers for dental/medical plan benefits, if any, otherwise, for services to be payable by me. I understand that I am financially responsible for all charges and authorize the use of my signature on all third party payer submissions of dental/medical plan benefits. The above named dentist may use my health care information and may disclose such information to the relevant third party payers and their agents for the purpose of obtaining payment for services and benefit determination or the benefits payable for related services. This consent will end when my current treatment plan is completed or at termination of doctor/patient privileges for services rendered.

Printed Name of Patient (or Minor) Date

Signature of Patient (or Legal Guardian)