

FINANCIAL POLICIES, OPTIONS, & DISCLOSURES
Otto W. Geissler, D.D.S., Inc.
1132 Olivewood Drive
Merced, California 95340
(209) 722-2435

We have several financial policy options available for your convenience in receiving the proper dental care. We have found that our patients appreciate knowing exactly what dental financial responsibilities they will incur. Our fees are based upon a combination of our costs, time, and our constant dedication to supplying our patients with the highest quality dental care. The treatment recommended by our office is never based on what your insurance company will pay; your treatment should not be governed by your insurance contract. Therefore, we inform our patients about financial policies before we begin treatment. Knowing this ahead of time allows us all to arrange for the completion of necessary dental treatment. ***Please be aware we do collect payment in full when services are performed. Please indicate designated financial option chosen for your proposed treatment plan.***

○ **DENTAL INSURANCE**

Please understand the “insurance share” listed on your proposed treatment plan is just an estimate based on information received by your insurance carrier. When eligibility is called for you, your carrier instructs our office they cannot guarantee benefits or payments, so we also pass this information along to you. Our office cannot guarantee coverage of any treatment or predict what your level of coverage will be. This is because plans offered by employers are written by third-party payers and can vary according to contracts involved and vary by insurance carriers. Dental insurance is a contract between your employer and an insurance company. Your dental plan may only allow benefits for the least expensive treatment; as with other choices in life, the least expensive alternative is not always the best option. Determination of insurance payments is ultimately subject to each unique policy provision, as determined by your employer. The treatment recommended by our office is never based on what your insurance company will pay; your treatment should not be governed by your insurance contract. The estimate given to you is just that, an estimate. Additional fees are subject to be incurred if the deductible has not been met, coverage levels are different, waiting periods are effective, non-covered services performed, and/or yearly maximum benefits have been utilized. ***Please be aware that estimated deductibles, co-pays, and/or non-covered services are due as services are rendered. Additionally, your dental plan may not cover certain procedures. This does not mean these treatments are unnecessary. All charges incurred, whether paid by your insurance or not, are ultimately the patient’s responsibility. Dual coverage does not guarantee 100% coverage and are still subject to policy provisions/limitations. Claims, which are unpaid, not paid in full, or denied by your insurance, will be your personal obligation.*** As a courtesy, we will bill your insurance for all services incurred. Your help in seeing that these services are paid in a timely manner is appreciated. Any claims which are not paid by your insurance within 90 days will become your responsibility. If insurance payments are received after you have taken care of your fees, you would receive any refunds due to you at that time. Failure to cooperate

with our office in this arrangement will lead to immediate formal collection and/or court costs for which you would be legally responsible.

- **CASH OR CHECK**
There is a 5% bookkeeping discount when all proposed treatment is paid in advance.
- **MASTERCARD, VISA, DISCOVER, or AMERICAN EXPRESS**
- **DENTAL CREDIT CARD**
Our practice offers flexible payment programs that will finance your dental treatment with approved credit. This will allow you and your family to complete your dental treatment without delay and make relatively small monthly payments. Application forms are available upon request. Inquire on interest free programs offered.
- **GRADUAL TREATMENT PLAN**
If it will be easier financially for those patients without dental insurance, we can plan the completion of your dental treatment by “phasing” your treatment over several appointments.

Patient Acknowledgement of Receipt of Dental Materials Fact Sheet/Receipt of Privacy Practices Notice:

I, _____, acknowledge that I have received from Dr. Geissler a copy of the Dental Materials Fact Sheet dated October 2001 and a copy of the Notice of Privacy Practices Sheet

If a personal representative signs these acknowledgements on behalf of the patient, complete the following:

| | |
|--------------------------------|-------------------------|
| Personal Representative's Name | Relationship to Patient |
|--------------------------------|-------------------------|

We have found that our patients respect and value the time set aside with the Doctor and are committed to keep appointments as scheduled. Please ensure your scheduled appointments are on days of the week that you have the most **CONTROL** over and the least likelihood of any interruptions in your schedule to prevent you from keeping your appointment. Failure to give a 24 hours notice will be subject to a **\$50** cancellation fee for appointments under one hour or **\$100** if your appointment time was longer than one hour.

I understand Dr. Geissler's financial policies and agree to above arrangements.

Signature

Date

Interpreter

Date

THIS FINANCIAL POLICIES, OPTIONS & DISCLOSURES NOTICE WILL BE EFFECTIVE FOR 1 YEAR OF THE ABOVE DATE & NEEDS TO BE UPDATED ANNUALLY.

Failure to adhere to financial arrangements could risk formal collection and/or court costs for which you would be legally responsible.