

Insured Patients

IN NETWORK INSURANCES: We are in network with several insurance companies, and we will be happy to file claims with your insurance company as a courtesy to you. We will do all that we can to make sure you receive your maximum benefits from your insurance plan.

OUT OF NETWORK INSURANCES: For patients with out of network insurances, we will do our best to estimate insurance coverage's and fees as well as eligible benefits. Your insurance may pay 100% up to their contracted fee under your specific plan. However, you will be held responsible for the difference between your plan fees and our set fees. If your insurance will ONLY mail payments to you and will not honor an assignment of benefits to our office, you must pay the total cost of treatment and we will gladly file your claim for your reimbursement.

We will provide you with a treatment plan that will break down the ESTIMATED insurance coverage as well as your estimated "out of pocket" portion prior to setting appointments for treatments diagnosed. Your patient portion estimated on each treatment plan as well as any deductibles are to be paid by you on the date services are rendered unless financial arrangements have been made prior to the appointment date.

Balances on your account that are a result of underpayment or denied payment from your insurance company must be paid by you within 30 days of receipt of statement. You are responsible for monitoring your use of benefits and for checking the status of unpaid claims. A service fee of \$8.00 per month will be added to any past due balances over 30 days.

We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a specific claim. We can only provide you with an estimate of insurance coverage. Most insurance companies give us a general breakdown of your coverage by percentage of "usual and customary" charges for each treatment, but will not provide us with a schedule stating what they consider "usual and customary". Therefore, it is impossible for us to predict with certainty the exact dollar figure we will receive from each and every insurance company. No estimated insurance benefits are to be considered a guarantee or promise of payment from any insurance carrier.

By signing as a responsible party below, you are indicating that:

1. You authorize payments of benefits directly to this office.
2. You authorize the release of all information to your insurance carrier and its representatives.
3. You understand our office policies and agree to be financially responsible for your account balance due to nonpayment or underpayment from your insurance provider.
4. You understand that it is your responsibility to report to us ANY changes in your insurance information or coverage.
5. You also understand that benefits paid in another dental office will reduce the benefits available and must be reported to us.

Signature of Patient or Responsible Party

Date

Anthony Trentacoste Jr., D.D.S.
Family Dentistry

CAUSEWAY

DENTAL
CARE LLC

CAUSEWAY DENTAL CARE, L.L.C.

900 N. Causeway Blvd., Metairie, Louisiana 70001, Phone (504) 835-8741

WELCOME TO OUR OFFICE

HYGIENE AND DOCTOR APPOINTMENTS: We at Causeway Dental Care consider your time as valuable as our professionals'. For this reason, we do not overlap patient appointments with our Hygienists. The required time for each Hygiene procedure is actually reserved **JUST FOR YOU**. We try our very best to see our scheduled patients at their appointed time. We understand that unexpected things happen that may prevent you from arriving on time. There may also be emergencies or unexpected patient conditions that cause us to run slightly behind schedule. As a courtesy to you, if this occurs, you will be informed so you can decide whether you want to wait or reschedule. If you are running late, we will have to decide at the time you arrive if there is enough time to complete your treatment. We do this to help keep our schedule flowing smoothly.

Please take all the time you need in selecting a date and time that you are sure you can make. If for any reason you are unsure that you will be able to make an appointment, please let us know at least 24 working hours in advance so the reserved time can be released to another patient.

EMERGENCY PATIENTS: It is our goal to see emergency patients on the same day. Calling us early in the day will allow us to give you the best time to arrive, as we will be working you in, around our previously scheduled patients. Our goal is to relieve you of pain until we can give you an actual appointment time to permanently restore your tooth or teeth.

PAYMENT OPTIONS:

1. Pay as you go with cash, credit card, or check only. If treatment rendered exceeds \$1000.00, a 5% Courtesy Adjustment will be given if paid in full.
2. Financing is available through a finance company. For treatment plans that exceed \$1000.00, a 12 month interest free promotion period is given, or, a 6 month interest free period for treatment plans less than \$1000.00.

DELINQUET ACCOUNTS: Any balance over 90 days of the date of service may be referred to an outside collection agency. Accounts dismissed to the collections agency are subject to a collection fee up to 50% of the principal balance, due at the time of the write-off or dismissal.

CANCELLATION POLICY: We do charge \$50.00 for appointments missed without 24 hour notice. Any patient missing two appointments without notice will be required to make a non-refundable payment for all future appointments prior to be scheduled unless noted otherwise. Excessive missed appointments may result in dismissal from our practice. Late cancellations and missed appointments are disruptive to our schedule and our patients. Valuable time is wasted and we are prevented from seeing patients who may have wanted a specific appointment time. It also prevents us from seeing our emergency patients efficiently.

By signing as a responsible party below, you are stating that you understand our office policies and agree to be financially responsible for your account.

Signature of Patient or Responsible Party

Date

Anthony Trentacoste Jr., D.D.S.
Family Dentistry