

Marc G Johnson, DDS, PLLC

Oral and Implant Surgery
373 White Spruce Blvd
Rochester, NY 14623
(585) 413-0132

This document explains our policies regarding the financial aspect of your care and how your medical and/or dental insurance will apply to your account. This document explains our policies regarding the financial aspect of your care financial agreements other than those detailed below will need to be discussed and approved by our office manager prior to seeing Dr. Johnson.

All fees are due and payable in full when services are performed unless other specific arrangements have been made prior to treatment. A finance charge of 18% annually will be added to any account that is 30 days or more overdue. Accounts will be turned over to a collection service if over 90 days past due. Any accounts turned over to collection service will have an additional collection fee (50% of account balance) added prior to turning the account over to the collection service.

Payment can be made in cash, your personal check, money order, Visa, Mastercard, or Discover.

For our patients with insurance:

Please understand that insurance companies generally offer several different policies in a given geographic area. The patient/guarantor is liable for knowing the specifics of their policy.

Our office participates with several local insurance carriers. We abide by, but do not control, the fee structure and general policies that these companies require for participation and to maintain provider credentialing. All co-payments and “non-covered” amounts (for non-covered services, services that exceed the patients yearly maximum coverage, and contrast specific exclusions) will be due and payable in full on the day services are performed.

For our patients who have policies with companies we do not participate with: Accepting insurance will be determined on case/patient specific basis. For those cases where insurance is accepted, benefits will be assigned to be paid directly to *Dr. Johnson DDS, PLLC*. You will be required to pay the patient’s portion in full when services are performed. We may be able to provide a relatively accurate estimate of coverage on the basis of experience with our carrier policy. Determining a patient portion figure most accurately will require a predetermination of coverage claim sent prior to treatment. Following treatment and payment of patient portion you will be provided with a claim with all necessary information completed so that you can submit the claim for services yourself. In such cases, the policy holder will be paid covered amounts directly by the insurance carrier.

AGREEMENT ACKNOWLEDGEMENT:

Patient (or guarantor) signature: _____ **Date:** _____