

## PerioPartner, P.A.

**Matthew M. Abramson, D.M.D., M.S. Specialist in Periodontics**

625 E. Nicollet Blvd., Suite 330 Burnsville, MN 55337 Phone: 952.435.0333 Fax: 952.435.0330

### Financial and Insurance Policy

#### Insurance Policy

Insurance is intended to cover a portion of your dental treatment charges. Your amount of coverage depends on the individual contract your employer or union has with the insurance carrier. This coverage should be considered as partial reimbursement for the fees incurred. Reimbursement is dependent on many factor including deductibles, maximum allowable benefits, substitutions clauses, coordination of benefits and exclusion clauses. Since insurance carriers will not guarantee the coverage, we can only provide an estimate. Ultimately, you are responsible for all fees not covered by insurance.

If you have an Out-Of-Network insurance, your reimbursement may be at a lower rate. If we do not have a contract with your insurance, we do not recognize the fee your insurance allows. You are responsible for any difference.

It is very beneficial, as the insured to understand your own insurance plan. We want you to understand the type of insurance you have along with its benefits and limitations. If you are not sure what type of policy you have, please check with your insurance company.

#### Our Financial Policy

**Please understand that payment of your bill is considered part of your treatment. This following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.**

**PAYMENT IS DUE AT TIME OF TREATMENT. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AND CARECREDIT. A FINANCE CHARGE OF 1% WILL BE CHARGES FOR ANY UNPAID BALANCE PAST 60 DAYS REGARDLESS OF INSURANCE CLAIM STATUS. PLEASE INFORM STAFF BEFORE TREATMENT IS STARTED IF PAYMENT CANNOT BE MADE.**

#### Regarding Insurance

We accept assignment of insurance benefits upon completion of your treatment. However, we do require your estimated portion at time of treatment. The balance if your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. If your insurance company has not paid your account in full within 90 days of being billed, the balance will be your responsibility. We reserve the right to decline acceptance of any insurance outside the ones we are contracted with.

#### Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

#### Medical Insurance

We do not typically bill to medical insurance. Services rendered in our office are covered under dental insurance except for unusual circumstance. If one of the circumstances exists for you or your dental insurance requires a denial from your medical insurance to process your claim, we will submit a claim to your medical insurance as a courtesy. Please be aware that delays in payment may occur in these instances. Any finance charges that accrue on your account will ultimately be your responsibility. We do not do estimation patient portions when submitting to only medical insurance. Payment will be due at time of treatment. Any payment issued from your medical insurance will be reimbursed to you.

I, \_\_\_\_\_, have read and understand the Insurance and Financial Policy.  
Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_