

# MICHAEL J. SPITZER, DDS

## FINANCIAL POLICY

### **Non-Insured Patients**

We request payment at time of service. If arrangements need to be made to help make your dentistry affordable, we offer the following options:

- Cash, Check, Visa, MasterCard, Discover, American Express
- Financing with **Care Credit**
- 10% **PRE-PAYMENT** cash discount on treatment plans exceeding \$500

### **Insured Patients**

**To avoid any misunderstanding, please know that we cannot guarantee that your insurance company will pay us anything. You are responsible for all charges incurred in our office.**

As a courtesy, we will be happy to assist you in recovering dental benefits from your insurance carrier. In order to bill your carrier, we request that you provide and/or understand the following:

- Up to date information including name, address, phone, group numbers and a summary of benefits from your dental insurance carrier.
- **Estimated patient portion is due at the time of service**
- We will bill insurance for services rendered and, if necessary, rebill and appeal claim with appropriate x-rays and narratives.
- If your insurance does not pay us within **60 days** of our original billing date, we request payment from you, in full, and we will reimburse you if and when your insurance company pays us.
- Many insurance companies have a "Least Cost Alternative" clause. This affects the amount of dental benefit for such services as "white" fillings and needs to be discussed with the front desk prior to treatment.

## Credit Card Authorization Agreement

- I understand that Michael J. Spitzer, D.D.S. requires a debit or credit card \*on-file to cover any incidentals (amounts not covered by insurance) and that I will NOT be charged more than allowed by my insurance company.
- I understand that I will receive an Explanation of Benefits (EOB) post treatment from my insurance company notifying me of any remaining balance owed and Michael J. Spitzer, D.D.S. will not send me a separate statement.
- I understand that Michael J. Spitzer, D.D.S. will immediately, upon receipt of my EOB, charge my card on file and email me a receipt if the remaining balance owed is **less than \$100**.
- I understand that Michael J. Spitzer, D.D.S.. will notify me **via TEXT, EMAIL or PHONE** should the remaining balance owed be more than \$100 and that I will have 15 business days to make payment arrangements or my card on file will be charged.
- *\*Michael J. Spitzer, D.D.S.. securely stores debit and credit cards in a HIPAA and PCI-DSS (payment card industry data security standards) compliant electronic vault; card information is encrypted and tokenized. Staff does not have access to card information once vaulted.*

**I HAVE READ AND AGREE TO THE ABOVE TERMS**

**SIGNATURE OF PATIENT** \_\_\_\_\_ **DATE** \_\_\_\_\_