

General Information - 2008

We are a white (composite) filling office. For most insurance companies the following is true (regardless if we are in network providers or not):

- Most insurance companies will cover white fillings on front (anterior) teeth only and will not cover white fillings on back (posterior) teeth.
- Insurance companies “downgrade” their payment from white fillings to silver fillings on posterior teeth. This means that the insurance company will cover the cost of the white filling as if it was a silver filling.
- The difference between the white filling cost and the silver filling cost will be the patient’s responsibility. In other words, a higher co-payment for you, the patient, because of this insurance company dictated limitation.
- Again *most* insurance companies cover fillings (basic procedure) at 80%, so you will be responsible for the 20% of the silver filling cost (unless your % is different).
- If your insurance company requires a deductible on basic and major procedures you will also be required to pay the deductible if it has not already been met within your plan year.
- If your insurance is out of network with our office, the difference between our fee and the insurance fee will be the patient’s responsibility.

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Office Hours

|                           |                 |                                |
|---------------------------|-----------------|--------------------------------|
| Monday; Tuesday; Thursday | 7:30am - 4:30pm | Lunch 1pm - 2pm                |
| Wednesday                 | 10am - 7pm      | Lunch 1pm - 2pm (soon 2pm-3pm) |

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Directions

From 95 South

Exit 3A
Right At stop sign

Left At “T” stop sign
Right At second hanging flashing yellow light
Left At second driveway

From 95 North

Exit 3
Left At lights (Go over highway)
Right At lights

From 16 South

Exit 1 (Gosling Road / Pease)
Right At lights off exit

See sign “Welcome to Pease”
Left At set of lights
Right At four way stop sign (Manchester Sq)
Right At first driveway

From 16 North

Exit 1 (Gosling Road / Pease)
Left At lights off exit (Go under Rt 16)

Our building is brick with a green roof. We are above the food court on the 2nd floor.

Financial and Office Policy - 2008

Payment: Payment is due at the time treatment is provided. For our insured patients, the co-payment is due the day treatment is rendered. The co-payment is the portion that the insurance company is *not* expected to pay. We accept Visa, MasterCard, Cash, Bank Guaranteed Checks, CareCredit and CapitalOne cards. Personal checks are accepted only from patients of record or patients scheduled and committed to be coming established patients. Personal checks are not accepted by non established "emergency" patients. Returned checks will be assessed a \$25 charge and balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually). Since your bank must, by law, inform you of a dishonored check, we will expect you to contact us to make arrangements for settling the full amount of the check plus \$25, within ten days. Late payment charges will be assessed if the matter is not settled by that time.

Failure to make full payment for treatment rendered within 90 days of service may result in treatment being withheld by this office until full payment is received for the patient concerned. If the patient / responsible person is delinquent on their obligation to pay the balance owed, then they will be responsible for any late fees, interest charges, collection charges, court costs, and attorney fees should the balance not be paid in due diligence.

Insurance: We are providers for a select number of insurance companies, but we work with most insurance companies as a courtesy to assist the patient. If you have dental insurance, we will gladly submit your claim on your behalf. However, please be familiar with your insurance benefits as we cannot guarantee any estimated coverage, service frequencies or insurance maximums because the insurance policy is an agreement between you and your insurance carrier. We will file insurance claims electronically so your insurance company will receive each claim within days of the treatment. By law, your insurance company is required to pay each claim within 30 days of receipt. You are responsible for any balance on your account after 30 days, whether insurance has paid or not.

Scheduled Appointments: You are responsible for the appointment times scheduled. As a courtesy, we will call or email you 24 hours prior to your appointment to remind you. However, you are responsible for keeping appointments made. We do understand that conflicts can arise. However, we have reserved this time in our schedule especially for you. We do ask for 24 hours notice to cancel or reschedule an appointment. (Weekend hours are not included in this 24 hour notice). We reserve the right to charge \$50 for appointments not canceled or rescheduled with 24 hours notice. Repeatedly breaking appointments without notice may result in our dismissing you as a patient of record after thirty days.

Please keep us informed of any insurance changes, employment changes or changes in personal circumstances.

Helpful information regarding your insurance.

Call your insurance company, fill in form and hand to Bay Breeze Dentistry.

Patient Name:	
S.S. # or ID #:	DOB:
Policy Holder Name:	
Social Security #:	DOB:
ID #:	
Employer:	
Address:	
Insurance Company:	
Phone:	
Group #:	
Person Spoke to:	Date:

Is Bay Breeze Dentistry, Dr. Carmen V. Santana's office in or out of network with insurance?

Effective Plan Date:

	Preventative	Basic	Major	Ortho	Implant
Deductable					
Percentages:					
Waiting Period:					

Whose on plan ? Insurer / Spouse / Family

Benefit Year ?

Year max ? \$

\$ used on max ? \$

Deductable ? \$

Deductable met ?

Frequency

Exam:

Prophy/Cleaning:

Bite Wing Xray:

Full Mouth Xray:

Panoramic Xray:

Fluoride:

Sealants:

Are composite fillings downgraded to amalgam fillings on posterior teeth:

Notes: _____

History	Date	Date	Date	Date	Date
Exam:					
Prophy:					
Bite:					
FMX:					
Fluoride:					

Missing Tooth Clause?