

**FINANCIAL POLICY**

Brenda Taege, DDS, LLC  
8416 E. Shea Boulevard, Suite C-100  
Scottsdale, AZ 85260

1. Insurance companies do not guarantee payment, so our office cannot guarantee the patient what their insurance policy will pay for.
2. As of July 2020, our office contracts with the following dental insurance companies which are subject to change at any time in the future. *Our office does not participate with any DMO/HMO plans.*

Aetna PPO  
Assurant PPO  
Cigna PPO  
Delta Dental Premier & PPO  
Guardian PPO  
Humana PPO  
MetLife PPO  
SecureCare Indemnity  
United Healthcare PPO

3. For contracted dental plans, the insurance companies base their payment on a fee schedule. In addition to any deductibles, the patient's financial responsibility will likely be either a copayment or a coinsurance, which is a portion of the negotiated fee schedule. The patient responsibility can be found in your dental benefits policy that your dental plan has given to you. This amount will be estimated at the time services are provided and is due when services have been rendered. Once the patient's insurance benefits have been exhausted for any given policy period OR if it is later determined that the policy was not in effect **OR if a procedure is downgraded (ie. some dental plans will only pay for an amalgam-silver restoration even though a composite-white restoration was done or they will only pay for an all metal crown on posterior teeth even though the treatment was for a porcelain crown)** OR if a procedure is not covered by the dental insurance policy, the patient's financial responsibility will be the Doctor's full billed charges.
4. For non-contracted dental plans, the patient's financial responsibility will be the difference between what the dental insurance pays and what the Doctor's full billed charges are. This amount will be estimated at the time services are provided and is due when services have been rendered. The estimate provided by this office is done as a courtesy until the final insurance payment is received and the patient's account has been reconciled. If this office is able to accept your dental insurance company's assignment of benefits, it does not absolve the patient of full responsibility for the charges of treatment rendered. Our office will help file insurance claims as a courtesy to our patients.
5. Dental claims are submitted promptly after treatment is rendered, and if not paid by the patient's insurance company by the 30<sup>th</sup> day after treatment, the patient will be billed in full.
6. Cancellation policy: As shown on the back of the appointment business card, we reserve the right to charge for appointments cancelled without 48 business hours advance notice. This fee will not be billed to your insurance company.

**Acceptance:** I have read and understand the financial obligations, and the cancelation policy of this office. I agree to observe and comply with the terms and conditions of these policies.

\_\_\_\_\_  
Patient, Parent, or Legal Guardian  
(Please Print)

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