

Policy Regarding Financial Arrangements & Insurance Benefits

Truth & Lending Contract: Federal law requires a financial contract between Matthew David McNutt, DDS, MS, PA and the party responsible for payment of orthodontic treatment fees. Hereafter, "responsible party" refers to the parent/guardian of a minor patient or the adult patient consenting to and financially responsible for orthodontic treatment. The Truth & Lending contract applies to Phase I, Phase II, Limited and Comprehensive orthodontic treatment. **Our policy is to create only one Truth and Lending Contract and to allow for only one signee. Under no circumstances will treatment fees be split between two responsible parties.** This includes patients who are minors of parents who are separated/divorced. A single ledger for the treatment fee account will be kept. We will not become involved in disputed personal situations between separated/divorced persons. **Division of costs between parents, spouses or others is a private matter and will not be managed by our doctors or staff.**

Payment Options & Requirements:

- a) **The initial payment is due at the diagnostic records appointment** (commencement of treatment), with the balance due in equal monthly payments commencing the following calendar month. The number of equal monthly payments is typically based upon the estimated length of treatment. For example, 18 equal monthly payments would be expected for orthodontic treatment estimated to take 18 months to complete. No interest is charged on account payments.
- b) **Please note that except for the initial payment at the outset of treatment, all monthly payments are made via bank auto-drafts.** We do not process monthly payments in our office. The account number and routing number must be provided in order to establish the auto-draft. Typically this information is collected at the diagnostic records appointment.
- c) **Methods of the initial payment accepted: cash, personal check, credit and debit cards, HSA and FSA debit cards.**

Please note we will not schedule to begin active treatment until all treatment consent, insurance, financial documents have been signed/finalized

Sharing of Patient Treatment Information, Financial Information & Financial Responsibility: The following pertains to minor patients accompanied by an unmarried or legally separated or divorced parent/guardian. The parent/guardian accompanying the minor is fully responsible for financial agreements and treatment agreements entered into with our practice. In the event a third party (for example an ex-spouse) contacts us requesting information, we are legally prevented from divulging such information unless express written consent to do so has been provided to us in advance. Please understand we will not become involved in disputed personal situations between separated/divorced persons.

Filing Insurance Benefits: Many orthodontic offices do not file insurance paperwork on behalf of patients. Filing insurance claims on behalf of many patients in an orthodontic practice is time consuming, complicated and costly. We will in most cases file orthodontic insurance claims on behalf of the patient. **We require signature authorization from the policy holder in order to file for insurance benefits.** The insurance payments will be sent directly to our office. In this instance, the insurance benefits are deducted from the total treatment fee at the beginning of treatment, thereby lowering the monthly co-payment paid by the responsible party. **We will honor requests to file a 2nd policy on a case by case basis, however, an additional charge of \$200 will be required to file the secondary insurance benefits.** Please note that NC laws stipulate that in the event two policies are filed, the policy held by the adult with the earliest birth month (January–December) is considered primary, regardless of which policy has superior benefits for the patient. When two policies from separate carriers are filed, it is not uncommon for the policy carriers to delay payment, withhold payment and request additional paperwork. In the event the responsible party chooses to file a second policy, we will at no charge provide the American Dental Association insurance benefit claim forms necessary to file for benefits. We require up to thirty calendar days to generate the necessary claim forms. The responsible party is responsible for managing the submission of the claims and appeals. In the event benefits terminate during treatment and a new policy is established for the patient, it will be treated as a 2nd policy. Associated charges for managing the paperwork may be pro-rated at the discretion of our office.

Termination of Insurance Benefits: In the event we are filing insurance benefits on your behalf during treatment and those benefits are terminated, please notify our office immediately. **The portion of the treatment fee no longer being paid out by the insurance carrier becomes the responsibility of the Truth & Lending contract signee.** This difference will be divided equally by the number of months remaining in treatment and applied to the contract accordingly.

Account balance at the end of active treatment: In the event insurance benefits are denied, terminated, or exhausted, or if for any other reason at the end of treatment there is a balance on the account, it is the responsibility of the Truth & Lending contract signee to pay the remaining balance.

Signature of Responsible Party: _____