

# FINNEY PEDIATRIC DENTISTRY

## Financial Policy

1. Payment in full is expected at the time of treatment. Patients with dental insurance must provide accurate and complete insurance information. We will be happy to file for your insurance benefits as a courtesy to you, but we are not obligated to do so.
2. Our relationship is with you and not your dental insurance company. Your dental insurance is a contract between you and the insurance company. The percentage covered for each procedure is determined by how much you or your employer has paid for coverage.
3. Our office does not determine your dental benefits. Most plans routinely pay between 50-75% of the average total fee; however, some insurance carriers will not reimburse our office. In such instances, you will be responsible for the full cost of each visit at the time services are provided, and your insurance company will send you the reimbursement check directly.
4. We provide our patients with the finest treatment available and base treatment recommendations on what will be best for your child rather than what your insurance company does or doesn't pay. Our primary goal is to provide your child with the best possible treatment in a safe environment, using high quality supplies and medications. Unfortunately, the goal of many insurance companies is only to treat patients in the cheapest manner, not necessarily the safest or most effective.
5. At the initial appointment, you will be responsible for your portion of the fees not covered by your insurance for that appointment and payment is expected. Prior to completing any restorative treatment, however, we will provide you with a cost estimate of our total fee, your estimated insurance coverage, and your estimated out-of-pocket costs.
6. Please remember, the proposed treatment plan presented in-office are **estimates** of what the insurance provider will cover and may change during the course of treatment.
7. Sometimes, treatment alternatives become necessary for various reasons, which may increase or decrease treatment costs. Further, most insurances do not tell us exactly what they will pay so we can only give you our best estimate.
8. Any amount not covered by your insurance company is payable at the time services are rendered. These fees may include deductibles, co-payments or certain procedures not covered by your insurance policy. For your convenience we accept cash, Visa/MasterCard and Care Credit.
9. We cannot accept responsibility for negotiating a disputed claim and allow a maximum of 45-days for your insurance company to clear account balances. If your insurance does not pay within 45 days of the treatment rendered, we shall expect a payment in full, from you. A late charge of 15% will be added to unpaid balances over 60 days past due. After 90 days from the time of service and attempts to collect outstanding funds, parents/guardians not fulfilling their financial obligation will be sent to collections.
10. You are financially responsible for all charges whether or not paid by insurance. You will be assigned the fees of any collection agency, which may be based on a percentage at maximum of 50% of the debt, and all costs, and expenses, including reasonable attorneys' fees Finney Pediatric Dentistry incurs during such collection efforts.
11. The charge for an NSF (non-sufficient funds) check is \$35. You must pay the full amount for the NSF check and the \$35 fee within 14 days of notice. The balance cannot be paid with another check, and no future checks will be accepted as payment for future treatment. If payment or an arrangement of payment is not received by the due date, we will pursue other actions.

*It is our primary goal and responsibility to help our patients obtain optimal dental health. We wish to direct our time and energy toward obtaining that goal. We have prepared this letter so that you may be aware of our financial policy. Feel free to ask about anything you do not understand!*



# FINNEY PEDIATRIC DENTISTRY

## How Dental Insurances Actually Work

1. For starters, there are no perfect dental insurance policies. Even in the best possible scenario, dental insurances will cover only 50-75% of certain dental treatments. This percentage is based upon how much your employer has provided to its employees for this specific benefit.
2. Finney Pediatric Dentistry has no control over how your insurance policy provides coverage for treatment. Should you be unhappy with your particular coverage, please contact your employer's human resource department to inquire about possible policy changes or upgrades.
3. After the treating doctor establishes a treatment option for your child, an office administrator will then thoroughly review the doctor's recommended treatments, answer any clinical or financial questions, and present your expected financial obligation.
4. An "EPP" or estimated patient portion will be presented to you, which is the anticipated amount that you will be responsible for and is based upon the latest information provided by your insurance company regarding your particular policy. However, this amount is strictly an estimate and very often is not what they will inevitably pay.
5. Insurance companies refuse to provide dentists with the exact amount they will pay for a procedure as they maintain the ability to sporadically change their coverage in order to manage their company's overhead. It is also important to understand that most policies have specific dental procedures that they will simply not cover.
6. Should your particular policy not cover our provided treatments in the manner that we presented during the diagnostic phase of treatment, we apologize in advance and ask for your understanding, as we are, unfortunately, limited by how precise our estimates can be. Very often our estimates are correct or very close, but regrettably, insurance companies are deliberately deceptive during this process, which makes it impossible to obtain an exact, up-to-date amount until only after the claim has been processed.
7. You can expect to receive an updated billing statement from our office after your insurance company has paid its portion. This bill will be sent approximately 4-12 weeks after your visit, as insurance companies tend to take an extended period of time to settle such claims. Therefore, we appreciate you settling such remaining balances at your soonest convenience.
8. At Finney Pediatric Dentistry, we always try to work within the boundaries established by your specific dental policy. We feel it is our ethical duty to present recommendations based upon what is truly best for your individual child, regardless of your policy's specific coverage.
9. Should the financial obligation of a proposed treatment be a burden, please feel free to inquire about any possible alternatives that may be covered by your particular policy. The treating doctor or treatment coordinator will review these possible options, if any exist.
10. As a courtesy, we will be filing your insurance claims on your behalf. Though some dental providers require patients to pay the full amount for treatment in advance and ask that they file their own claim, we believe that this can cause much confusion and frustration. We are happy to complete this arduous step for you and appreciate your help in maintaining accurate and up-to-date information regarding your particular policy.

*As always, it is our primary goal to provide you and your family with the best treatment and service possible. Please feel free to contact us with any dental insurance questions or concerns and a financial coordinator will be happy to help with this sometimes-confusing subject.*



## **NOTICE OF PRIVACY POLICY PRACTICES**

*This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

\*Note: This notice describes the privacy practices of Finney Pediatric Dentistry. “We” and “our” means the Dental Practice. “You” and “your” means our patient.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we all change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use and disclose your health information for different purposes including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV related information, genetic information, alcohol, and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

#### **Treatment**

We may use and disclose your health information to for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

#### **Payment**

We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

#### **Healthcare Operations**

We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may disclose your health information to your family or friends, or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

#### **Disaster Relief**

We may use or disclose your health information to assist in disaster relief efforts.

#### **Required by Law**

We may use or disclose your health information when we are required to do so by law.

### **Public Health Activities**

We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

### **National Security**

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal official's health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

### **Secretary of Health and Human Services**

We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

### **Worker's Compensation**

We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

### **Law Enforcement**

We may disclose your protected health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

### **Health Oversight Activities**

We may disclose your protected health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Judicial and Administrative Proceedings**

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

### **Research**

We may disclose your protected health information to researcher when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

### **Coroners, Medical Examiners, and Funeral Directors**

We may release your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose Protected Health Information to funeral directors consistent with applicable law to enable them to carry out their duties.

### **Fundraising**

We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

### **Other Uses and Disclosure of Protected Health Information**

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of protected health information for marketing, and for the sale of protected health information. We also obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for in this Notice (or as otherwise permitted or required by law).

## **YOUR HEALTH INFORMATION RIGHTS**

### **Access**

You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirement of applicable law.

### **Disclosure Accounting**

With exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional request.

### **Right to Request a Restriction**

You have the right to request that we communicate with you about your health information by alternative means or at an alternative location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

### **Amendment**

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

### **Right to Notification of a Breach**

You will receive notifications of breaches of your unsecured protected health information as required by law.

### **Electronic Notice**

You may receive a paper copy of the Notice upon request, even if you have agreed to receive this Notice electronically on our website or by electronic mail (e-mail).

### **Questions and Complaints**

If you want more information about our privacy practices or have question or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Our Privacy Official: Jennifer Finney, DDS  
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Fax: 318-528-8526  
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