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5 Chenell Drive  
Concord, New Hampshire 03301

## Financial Policy

In order to avoid misunderstandings, please carefully review our financial policy and your specific insurance plan to determine what *your* financial responsibility is as a patient. Our staff is available to answer your questions. However, we cannot know specific coverage information for all insurance plans.

### Our courtesy services to you as our patient:

1. Filing of your claim within 24 hours of your visit and requesting payment of your benefit to our office.
2. A 5% discount for uninsured patients who make payment in full by cash or check.
3. Electronically filing your insurance for short turnaround.
4. Researching your dental plan to advise you of benefits available to you.
5. Re-filing your claim a second and third time within 60 days.
6. Following the American Dental Association guidelines for coding procedures and filing claims.

### Patient responsibilities:

1. Full payment of fees not covered by your plan *at the time the service is delivered*. We accept cash, checks, Visa, and MasterCard. We also have a financing program available (CareCredit).
2. Understanding that the policy belongs to you and we have no leverage to obtain payment from your carrier.
3. Realizing that dental plans restrict payment for some services, use restricted fee schedules (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for the plan and not on our fees or recommended treatment.
4. Taking responsibility for payment if the dental plan does not pay our office within 75 days.
5. Keeping our office informed of any changes in your dental plan coverage or employment.

**I have read and understand the financial policy and agree to abide by its terms. I also understand this policy may be amended from time to time by the practice.**

\_\_\_\_\_  
Signature of Patient (or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient (please print)