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FINANCIAL ARRANGEMENTS

Name: Today's Fee: \$ Date:

In-Office Financing Plans for Amounts of \$500 or More

Option 1: Pre-payment in full for the procedures at the time of service by cash, check or credit card-

A professional courtesy of 10% or \$ is given for direct payment in full at the time of treatment with cash or check, resulting in a one-time payment of \$.

A professional courtesy of 5% or \$ is given for payment in full at the time of treatment with a credit card resulting in a one-time payment of \$.

Option 2: By check or credit card with no interest for 60 days-

1/3 payment at the time of service, 1/3 with either a 30 day post-dated check or credit card signature authorization, and 1/3 with either a 60 day post-dated check or credit card authorization. If paying with checks, all three checks, properly filled out, are due at the time of service.

I authorize Periodontal Care to keep my signature on file and charge the following account:

- Mastercard Visa Discover American Express bank debit card

Credit Card Account Number Expiration Date V-Code

Cardholder Signature Date

Third Party Financing Plans for Amounts of \$500 or More

Option 3: CareCredit through GE Money Bank-

CareCredit is accepted by over 100,000 providers and is the nation's leading patient financing program. With three simple steps and instant approval you can get the procedure you want, when you want it. Plans include interest-free payments for up to twelve months or extended payments for 24 to 60 months. Prepayment can be made at any time without penalty. To qualify by phone, please call 800-365-8295, or visit their secure website at www.carecredit.com.

I understand and accept these financial arrangements as well as my responsibilities in regards to any insurance coverage I may have. With all options described above, any insurance benefits that are payable will go directly to me.

IMPORTANT INFORMATION REGARDING MY INSURANCE COVERAGE

I understand that I am personally responsible for all fees associated with the professional services rendered by this office including any amounts not reimbursed by my insurance. I have been advised that a written estimate of benefits from my insurance company and/or any verbal assurances obtained directly from my carrier prior to treatment DO NOT necessarily guarantee benefits. ***Periodontal Care*** has further recommended that I be prepared to pay for 100% of the total fees associated with my care. Their experience in dealing with insurance companies since 1980 has shown that carriers often pay less than they originally quote, reimburse at levels far below most periodontist's normal fees, arbitrarily disallow claims at their discretion, refuse to provide reliable information needed to estimate coverage, routinely lose or misplace submitted documentation and claims, put you on hold for unreasonably long periods of time when seeking insurance information, and generally do everything possible to delay or avoid paying a claim.

I further understand that my insurance company is directly responsible to me according to the terms of my policy. ***Periodontal Care*** has elected not to become a party to this relationship, nor are they participating members of any insurance plan. Consequently, although the dental office will file claims on my behalf (electronically whenever possible) and otherwise help me to maximize my insurance coverage, they will not accept any assignment of insurance benefits (i.e. they will not accept payments from insurance companies). In addition, they will not become involved in any disputes I may have with my insurance carrier. The Kansas Insurance Commissioner's office has a consumer affairs department that is set up to hear complaints from policyholders. This is the most effective way to handle disputes with insurance companies and their number is 1-800-432-2484; or a complaint can be filed online at www.ksinsurance.org.

State law in Kansas REQUIRES insurance carriers to pay claims to policyholders within 30 days of their receipt (which is generally the same day of service). ***Periodontal Care*** will routinely send an insurance claim on my behalf the day I receive service. To help insure that payment is sent to me, ***Periodontal Care*** highlights a section on the claim form that states payment should be sent directly to the patient and reiterates the fact that their office does not accept payments from insurance companies. If payment is still sent to the provider in error, which is sometimes done purposely to delay payment on the claim, ***Periodontal Care*** will deposit the check and immediately issue me a reimbursement on their account.

Periodontal Care recommends that I (or the human relations department at the company issuing the insurance policy) take an active and vocal role directly with my insurance carrier and not let them delay, deny, downgrade or otherwise manipulate benefits that are mine according to the terms of my contract. As simply the provider of service, ***Periodontal Care*** has very limited authority or influence with my insurance carrier and therefore is not the entity to best protect my rights.

In short, *Periodontal Care* offers this time-tested advice: I should be prepared to be disappointed and frustrated with most dealings I have with my insurance carrier and their representatives.