

# PEDIATRIC DENTISTRY OF GREENWOOD

## INSURANCE POLICY

Effective Aug 3, 2015

*"Our priority is to provide the best quality dental care for your child and to not be limited by insurance."*

### PATIENT WITH INSURANCE:

- I understand insurance is processed as a courtesy and I am responsible for all fees that my child is charged for dental treatment performed by Dr. Jennifer Turner and Associates. In the event my insurance does not pay the ESTIMATED amount on the treatment plan before 60 days I will be billed and expected to pay the full amount within 15 days of the statement. Failure to pay in that time frame could result in a \$25 late charge and the account turned over to a third party collection agency.

### PATIENT WITH A SECONDARY INSURANCE: (more than one insurance, including Medicaid)

- I understand that Pediatric Dentistry of Greenwood does not accept *secondary insurance* as a payment on my child's account. Treatment plan ESTIMATES reveal the amount the PRIMARY insurance is expected to pay. Any other insurance such as secondary, third or medical will not be processed by Pediatric Dentistry of Greenwood.
- South Carolina Medicaid through Dentaquest does not require Dr. Turner, who is a provider, to accept Medicaid as secondary insurance.
- South Carolina Medicaid requires that Medicaid be filed as secondary if you have a primary insurance other than Medicaid.
- Filing of secondary claims is my full responsibility and I understand the insurance carrier will provide me with the necessary information to process my claims in a timely manner.
- I recognize this office does not accept payment from any secondary insurance. I understand I am bound by the State of South Carolina to disclose any and all insurance my child has and am responsible for knowing which insurance is primary for my child *prior to arriving at my child's appointment, otherwise, I will be prepared to pay for the treatment when services are rendered.*

### ALL ACCOUNTS: (with or without insurance)

- I, to the best of my knowledge, have given this office the correct information regarding my child's primary insurance, including the status of my child's insurance. I will disclose any changes in my child's insurance as soon as their insurance status has changed and understand that past due balances are required to be paid by me prior to my child being treated by Dr. Turner at any follow up appointment.
- Since insurance policies vary according to the employer, Pediatric Dentistry of Greenwood is not accountable for knowing the changes in benefits, eligibility or termination of policies and the amount of benefits paid. We send our claims electronically at the end of each day and do our best to provide insurance processing efficiently and in a timely manner.
- All my questions have been answered and I fully understand my obligations concerning this account.

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Responsibility Party

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Date