



OFFICE POLICIES

AND DISCLOSURES REQUIRED BY FAIR CREDIT BILLING ACT

PATIENT NAME _____

OFFICE HOURS:

Office hours are available by appointment. Presently our office is open Monday 7 a.m. to 4 p.m., Tuesday & Thursday 7 a.m. to 5 p.m., Wednesday 8a.m. to 5 p.m. and Friday 8a.m. to 1 p.m. These times are subject to change without notice. After hour appointments are subject to an additional fee.

CANCELLATION:

We require a 24 hour notification if you are unable to make it to your appointment. You will be charged a fee of \$20 for a broken appointment. Your insurance will not be billed for this charge. Our office may waive this fee in the event of certain circumstances.

STATEMENTS:

We will send a monthly statement of your account showing the amounts billed and credited to you at the beginning of each month. It will show a breakdown of the length of time amounts have been outstanding on your account.

FEES AND FINANCIAL POLICIES:

Payment of fees is **YOUR** direct responsibility regardless of insurance. Our office will bill your insurance company as a service to you; however, **YOUR CO-INSURANCE OR PATIENT PORTION IS DUE AT THE TIME OF SERVICE.** We will provide a treatment plan with your estimated portion. Balances are due and payable within 30 days after billing. In the event any balance is not paid within 60 days, a finance charge will be added at the rate of **1.8%** per month of the unpaid balance. All payments shall be applied to the oldest charges first. We will not carry a balance greater than **\$500**. If the unpaid account is sent to a third party collection agency, a collection fee of **40%** of the unpaid balance will be added to cover attorney's fees, court costs, and other costs of collection.

INSURANCE INFORMATION:

Our office cannot guarantee payment of services by your insurance company nor can we accept the responsibility of how much they will pay. We bill treatment that is completed by the doctor and provide all required information to them. **REMEMBER: Your insurance policy is a contract between you and your insurance company.** It is your responsibility to determine if Dr. Brough is currently a provider on your individual insurance plan and to know the details of your plan including plan maximums and limitations. If we are not currently listed as a provider with your dental insurance company, the payment for service is your responsibility. Discount or insurance contract fees will be charged *up to your maximum plan benefit. After that our full fee will be charged.*

YOU ARE RESPONSIBLE FOR ALL CHARGES YOU INCUR REGARDLESS OF INSURANCE COVERAGE.

RESTORATIONS:

Our standard treatment for fillings is composite/resin (tooth color) and all porcelain crowns unless otherwise requested by the patient. Some situations may require other materials which will be determined by the doctor. Some insurance carriers downgrade to 'base' or 'adequate' procedure code. This means that the insurance benefit may be less than their standard percentage.

FINANCING:

We accept cash, check, debit, credit & Flex or Health Savings Accounts as payment. We also have financing available through CareCredit.

AUTHORIZATION AND ACKNOWLEDGMENT:

I hereby authorize Dr. Brough to release all my dental records to my insurance company or physician. I furthermore acknowledge receipt of a copy of this disclosure and the information regarding billing errors and inquiries prior to extension of credit upon request. A photo copy of this authorization shall be as valid as the original.

Please sign and date this form after reading it, saying that you understand all of the above information.

SIGNATURE _____ **DATE** _____

Important information regarding billing errors and inquiries about your bill is printed on the reverse side of this sheet.

IN CASE OF ERRORS OR INQUIRIES ABOUT YOUR BILL

The Federal Truth in Lending Act, requires prompt correction of billing mistake.

1. If you want to preserve your rights under the Act, here's what to do if you think your bill is wrong or if you need more information about an item on your bill:
 - a. Do not write on the bill. On a separate sheet of paper write the following: (You may telephone your inquiry, but doing so will not preserve your rights under this law.)
 1. Your name and account number (if any).
 2. A description of the error and an explanation (to the extent you can explain) why you believe it is in error. If you only need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charges such as a copy the charge slip. Do not send in your copy of a charge slip or other documents unless you have a duplicate copy for your records.
 3. The dollar amount of the suspected error.
 4. Any other information (such as your address) which you think will help the creditor to identify you or the reason for your complaint or inquiry.
 - b. Send your billing error notice to the address on the reverse side. Mail it as soon as you can, but in any case, early enough to reach the creditor within 60 days after the bill was mailed to you.
2. The creditor must acknowledge all letters pointing out possible errors within 30 days of receipt, unless the creditor is able to correct your bill during those 30 days. Within 90 days after receiving your letter, the creditor must either correct the error or explain why the creditor believes the bill is correct. Once the creditor has explained the bill, the creditor has no further obligation to you even though you still believe that there is an error, except as provided in paragraph 5 below.
3. After the creditor has been notified, neither the creditor, nor an attorney, nor a collection agency may send you collection letters to take other collection action with respect to the amount in dispute, but periodic statements may be sent to you, and the dispute amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or to pay the parts of your bill not in dispute.
4. If it is determined that the creditor has made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out that the creditor has not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, the creditor must send you a written notification of what you owe, and if it is determined that the creditor did make a mistake in billing the disputed amount, you must be given the time to pay which you normally are given to pay undisputed amounts before any more finance charges or late payment charges on the disputed amount can be charged to you.
5. If the creditor's explanation does not satisfy you and you notify the creditor in writing within 10 days after you receive his explanation and you still refuse to pay the disputed amount, the creditor may report you to credit bureaus and other creditors, and may pursue regular collection procedures. But the creditor must also report that you think you do not owe the money and the creditor must let you know to whom such reports were made. Once the matter has been settled between you and the creditor, the creditor must notify those to whom the creditor reported you as delinquent of the subsequent resolution.
6. If the creditor does not follow these rules, the creditor is not allowed to collect the first \$50 of the disputed amount and finance charges, even if the bill turns out to be correct.