# JOHN W. RINGO, DDS 2001 US HIGHWAY 41, SUITE F SCHERERVILLE, IN 46375 (219) 322-7658 JOHNWRINGO@YAHOO.COM

### **OFFICE POLICIES**

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Your clear understanding of our policies is important to our professional relationship. Our office staff will be happy to answer any questions you may have.

#### **FINANCIAL**

Insurance Co-pay/Payment is due at the time of service
We accept cash, check, debit, Visa, Mastercard, Discover, & American Express.
We offer financing through Carecredit and can assist you in the application process.
There is a service charge on all returned checks dependent on what the bank fees are.
The parent or adult accompanying a minor is responsible for payment at the time of service.

#### TREATMENT PLANS

Treatment plans and pre-authorizations are available at your request. These provide the recommended treatment and/or options, as well as an estimate of fees. For insured patients, an estimate of patient copay and insurance portion is calculated based on coverage information we receive from your carrier.

#### **INSURANCE INFORMATION**

Insurance policies vary. The estimated co-payment is based on the information we receive from the insurance company regarding your coverage, such as deductibles and/or percentage due from the patient. Final determination of benefits payable rests with your insurance provider. This information is then sent to the subscriber in the form of an explanation of benefits (EOB). Once all claims are finalized, any and all remaining balances will be billed to the responsible party. **INSURANCE COVERAGE IS NEVER A GUARANTEE.** Questions regarding your policy should be directed to the customer service department of your insurance company and in some cases, the human resources or benefits department at your place of employment. Please make an effort to be informed of your policy's provisions, including the maximum of allowable benefits payable per calendar year or benefit period.

## IT IS THE PATIENT'S RESPONSIBILITY TO INFORM US OF ANY CHANGES TO YOUR INSURANCE COVERAGE

#### X-RAYS

The doctor determines the necessity of x-rays for specific diagnostic and treatment purposes. Insurance carriers may have a limit as to what they will cover. This does not negate the necessity or the commitment the doctor has to your proper treatment. In this instance, the patient would incur the cost unless we obtain a signature for refusal of treatment.