

Dental Associates of Manchester

Financial Alliance

Our Partnership

By discussing financial arrangements, our goal is to ensure we have a clear understanding and partnership, to help you and your family achieve your dental health goals while keeping your budget and available resources in mind. It is important to us that the quality of our business services match the quality of our dentistry. We want the handling of your account, from the start through final payments, to be perceived as an extension of the dental care we provide you and your family.

Patient's Role

As with any partnership, both parties have a role to play. Our role is to provide you with quality service. In turn, your role is to pay for your treatment in a timely manner. Our team will work with you to determine financial arrangements that make sense for both of us.

Requirements

- All billing, insurance and contact information must be provided.
- The patient, or guardian who is head of the account, is responsible for the account balance.
- All estimated patient portions are due at the time of service.

Forms of Payment:

- Credit Cards: Visa, MasterCard, Discover, American Express
- Cash
- Personal Check
- Flex or Health Savings (for Applicable services)
- ACH from personal Checking or Savings Account

Extended Payment Plans with Credit Approval:

- CareCredit® www.carecredit.com 3,6,12,18 months at 0% interest. Longer terms are available.
- 12 - month Ortho financing.

In-Office Membership Plan:

- No Insurance? Ask us about our Smile Advantage Membership Plan.
- One Annual Fee for Routine Hygiene or Periodontal Visits.
- 15% courtesy on all services performed at our Office.

Regarding Insurance

- As a service to our patients, we will file and take assignment of your insurance benefits unless we are out-of-network. We will carefully estimate your personal investment for your dental care and make every effort to maximize your dental benefits. It is impossible to determine what the actual benefit for any service will be.
- All Dental Insurance Information must be provided. (Subscriber ID# and D.O.B., Group# & Billing Address). If you present insurance after treatment is completed, we will provide you copy of billing to submit on your own.
- When required, we will submit to your medical insurance for dental procedures as an out-of-network provider. Your medical insurance will reimburse you or apply the fee to your deductible or co-pays. You will need to provide us a copy of the E.O.B. to complete any applicable dual insurance.

ALL deductibles, co-pays, unpaid insurance balances are the responsibility of the patient.

Thank you for understanding our Financial Alliance. Please let us know if you have any questions or concerns.

Non- Discrimination Statement

Dental Associates of Manchester complies with applicable Federal civil rights laws and does not discriminate or treat their clients differently on the basis of race, color, age, sex, national origin or disability.

Dental Associates of Manchester:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified Sign Language Interpreters (provided by Life Interpretation Inc.)
 - Written information in other formats (large print, audio, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified Interpreters (provided by Transperfect)

If you require these services, contact Connie Behnken, Office Manager.

If you believe that Dental Associates of Manchester has failed to provide these services, or discriminated in another way on the basis of race, color, age, sex, national origin or disability, you can file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.isf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complain forms are available at <https://www.hhs.gov/ocr/office/file/index/html>.