



Financial Policy

Thank you for choosing ToothStars for your child's dental care. We hope to build a long and trusting relationship with our patients and their families. At ToothStars, we believe that it is important to keep current in communication and payment.

It is our goal to offer specialized, high quality and affordable dental care to children of all ages and abilities.

If we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You should be familiar with your insurance benefits, as we will collect from you the estimated amount that your insurance does not pay. By law, your insurance company is required to pay each claim within 30 days of receipt. We file all insurance electronically, so your insurance company should receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, including any amount that we have not recovered from your insurance company. We will be glad to send a refund to you once insurance has paid us in full.

PLEASE UNDERSTAND that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment. We at no time guarantee what your insurance will or will not do with each claim. We also cannot be responsible for any errors in filing your insurance, once again we file claims as a courtesy to you.

MOST IMPORTANTLY, please keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment.

All co-payments, co-insurance and/or deductibles must be paid *at the time of service*. We take payment in the form of Visa, MasterCard, American Express, Discover Card, and debit cards, as well as cash, checks and money orders.



We accept credit card payments over the phone.

Please be aware that certain procedures may not be covered by your insurance. If services are not covered by your insurance, or if you do not have insurance, payment is expected *at the time of service*.

We will ask to make a copy of your insurance card and ask that you complete our patient information forms before being seen by the doctor. We request a photo identification for verification purposes. The parent who authorizes dental care is responsible for payment on the account.

Missed/Failed Appointments: Appropriate time is reserved to give your child the personalized care that they deserve. We kindly ask you respect this time and if you need to reschedule your appointment please give us 24 hours notice. A fee of \$25 per child is applied to your account for each missed/failed appointment with less than 24 hours notice.

Late Payments: An interest charge of 1.5% per month is assessed to all accounts that are past due. Failure to pay your bill within 90 days will result in your account being turned over to a collection agency and reported to the credit bureau. There will be a \$45.00 fee for any NSF check and checks from then on will not be accepted.

Again, thank you for choosing ToothStars for your child’s dental care. We look forward to caring for your children for many years to come.

Accepted Insurances

Finding a dental practice for your child which accepts your insurance can be daunting. Here at ToothStars, we believe in making dental care accessible and affordable for all. ToothStars participates and accepts many insurance plans including:

- Aetna
- Blue Cross Blue Shield
- Cigna
- Delta Dental
- Guardian
- Humana
- United Concordia

Give us a call today! We will be happy to file your dental claim and discuss your individual benefits with you. If you don’t find your insurance network on the list above-don’t worry! Our specialized staff are on hand to help discuss your personalized insurance benefits and options with you!

Patient Name _____

Patient Signature _____ Date _____

Guardian’s name if Patient is a Minor _____

Guardian’s Relationship to Patient _____

Guardian’s Signature _____ Date _____

Patient’s/Guardian’s Address _____

Informative Read on Insurance

Fact 1 - NO INSURANCE PAYS 100% OF ALL PROCEDURES

Dental insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90%-100% of all dental fees. This is not true! Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company.

Fact 2 - BENEFITS ARE NOT DETERMINED BY OUR OFFICE

You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for a certain service. This can be very misleading and simply is not accurate. Insurance companies set their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit.

Unfortunately, insurance companies imply that your dentist is "overcharging" rather than say that they are "underpaying" or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.

Privacy Policy

Federal Law requires us to provide information to our patients about our privacy practices presented in a Notice of Privacy Practices.

[HIPAA Notice of Privacy \(Hyperlink\)](#)

(when you click on the link above the HIPAA Notice of Privacy should appear-see the HIPAA Notice of Privacy document as PDF) **please remove everything after Hyperlink. Please make this a PDF.**