

Maneesha Chigurupati, DDS
117 Kerneywood Street
Lakeland, FL 33803
(863) 687-2759

FINANCIAL POLICY

Please take a moment to read the following information regarding our financial policy.

- All patients must complete required forms prior to receiving treatment.
- We accept cash, check, any of the major credit cards (Visa, MC, American Express, Discover), or Care Credit at the time dental treatment is provided.
- Minors must be accompanied by a parent or guardian unless prior arrangements have been made and the parent or guardian has accepted treatment on the minor's behalf in advance. The person who accompanies a minor/child to the appointment will be considered the responsible party and, therefore, is responsible for any payment due at the time service is rendered.

Dental Insurance

- As a courtesy for our patients with dental insurance, we will help you estimate how much you can expect your insurance to pay, and we will submit your claim to your dental insurance company. We can file most insurances, including PPO plans. **WE DO NOT ACCEPT ANY HMO PLAN.**
- Any portion not expected to be covered by your insurance is your responsibility and is due at the time treatment is provided. This includes deductibles and co-payments.
- Please understand that we cannot predict exactly how much your insurance company will pay and there is no guarantee of any payment by them. If after 90 days your insurance company has not paid its portion, the patient will be responsible for paying the balance in full.
- If you or your family exceed the annual limitations in any plan year, you will be responsible for the full amount of dental services. The patient is responsible for any charges that are not covered by your insurance.
- Please remember that we provide dental care to you, our patient, not the insurance company. If you have any questions regarding your insurance benefits, please don't hesitate to call our office to discuss your concerns.
- If you have secondary insurance, we will gladly provide the information you need to file the claim so that you can be reimbursed by your secondary insurance carrier. Being a small office, we cannot carry open balances while waiting for the second insurance payment. The patient is responsible for any amounts the secondary insurance may pay in addition to portions not covered by primary insurance.
- Pre-treatment estimates are not automatically filed, but we are happy to send one at the patient's request.
- Insurance companies say they will cover "Usual and Customary" (UCR) fees. However, most insurances have failed to keep their UCR fee schedules up to date. We are committed to keeping our fees as low as possible so that our patients can afford the treatment they need. If our fee differs from your insurance 'UCR' fee, you are responsible for the difference.
- If you have dental benefits, please bring your card and benefit information, so we may file it to your insurance company. We work with most insurance, but HMO plans are not accepted, nor can we file a claim for an HMO policy. Please do not hesitate to call us prior to your appointment if you have any questions. Again, thank you for choosing our office. We look forward to a lifetime of continuing care.

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Additional Information

- Accounts unpaid for 90 days from date of service are subject to monthly late fees (\$35 per month) and finance charges (1.5% monthly).
- If your account is 90 days past due, you may be sent to a collection agency and you will be responsible for any additional collection fees.
- Missed appointments and cancellations with less than 24 hrs notice are subject to a cancellation fee of \$25.
- Payment returned to us from your bank due to insufficient funds are subject to a \$40 NSF fee.

Signature of Patient or Parent/Guardian

Date