

## OLIVER PARK DENTAL PAYMENT POLICY

- I The Administrative Team at OPD will submit a claim electronically to your private benefits provider (on your behalf) on the day of treatment. We will require a credit card on file if you wish to proceed with this option.
- II Should we receive a breakdown of your coverage from your private benefits provider on the day of treatment (EOB- Explanation of Benefits), you will be required to pay any remaining balance indicated.
- III If we do not receive the breakdown of your coverage (Claim Acknowledgement) –100% of the balance is due on the day of treatment, and you will be reimbursed by your benefits provider based on their rates and the specified parameters of your private plan.
- IV We will accept dual insurance information. However, we are NOT able to direct bill to a secondary insurance policy. We will submit and direct bill to your primary insurance based on the above terms and you will be responsible to pay any differences on the date of service. We will then submit to your second insurance plan to reimburse you based on your coverage.

**\*\*You are encouraged to review your private benefits policy with your provider and/or plan administrator (if applicable) in detail. Due to confidentiality reasons and privacy laws, we are not privy to specific details of your plan.**

I, \_\_\_\_\_ authorize Oliver Park Dental to keep my signature on file and to process my credit card for any unpaid portion once the insurance payment has been received. I will be notified by telephone or email prior to Oliver Park Dental taking any payments exceeding \$150.

I give permission for any claim not paid by my insurance company within 30 days, to be automatically debited on my credit card. A courtesy call or email will be given to alert me of the transaction. A receipt for this transaction will also be provided.

**Credit Card Information**

Type (please circle)                      Visa                      Master Card

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_