

Matthew H. Quinlivan, DDS & Associates PA

Gentle affordable dentistry for your family

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Financial Policy

Welcome to the office of Dr. Matthew H. Quinlivan. Our office wants all of our patients to be able to comfortably afford dental care. Our goal is to provide you the highest quality dentistry in a caring and comfortable environment. Please do not hesitate to ask any questions about your dental treatment, insurance, or financial options.

To make your visits with us seamless and to utilize your dental insurance successfully, we must emphasize several important factors.

Insurance: We will gladly honor and file your primary dental insurance as a courtesy to you. **Secondary insurance must be filed by that patient.** Your insurance must be current, active, and your insurance provider must agree to pay Dr. Quinlivan's office directly. We are not responsible for any exclusive(s) that may cause your dental claim to be denied in part or in full. Your dental insurance policy is a contract between you and your insurance company. We are NOT part of this contract. We will help you obtain your maximum insurance benefits, as we are generally quite efficient and accurate at assessing the portion of your costs. Again, we do this as a courtesy to you; occasionally it becomes very challenging and inaccuracies will occur. Please bear in mind what your policy clearly states: all coverage is but an estimate and until payment is made the actual amounts may and usually do vary. Ultimately, after 45 days of non-payment from your insurance company, you are responsible for your account balance and for any expenses not paid by your dental insurance company. The estimated amounts not covered (your "copay") are due at time of service. We will make every effort possible to assess these fees in advance, as soon as your plan of treatment is made after the dentist's examination. We will also make every reasonable effort to remind you of the fees due when we call to confirm your appointment. We fully expect all adult patients to remember and honor their appointments, and, except for the majority of insurance-covered preventive treatment (i.e., x-rays, cleaning, exam), to expect a co-pay to be due at their visit.

Payment Options

1. **Pre-payment of treatment in full:** Our office offers a 10% discount to those patients willing to pay for treatment in full in and in advance of treatment. This requires that you file your own insurance and be willing to accept your own benefits. This discount cannot be combined with any other discount.
2. **Cash discount:** We are happy to offer our patients who pay in cash a 10% discount when they pay for their treatment in full at time of service. This cannot be combined with any other discount.
3. **Credit cards and pre-authorized credit card monthly payments:** Our office accepts Visa, MasterCard, American Express, and Discover; we can no longer accept personal checks. If you prefer to pay out larger portions of treatment on your credit card on a regular monthly basis, we can accommodate you

by having you sign a monthly authorization agreement. You will have the option of having your card drafted on either the 1st or the 15th of each month for the agreed upon allotted amount. This option helps you to avoid large amounts of interest. A 25% down payment will be required along with a 10% surcharge will be required. Please ask our receptionist for more details.

4. **Outside dental financing:** We are proud to offer CareCredit as an option for financing. CareCredit offers no interest payment plans for periods of 6, 12, 18, or 24 months. Each month you only pay the required minimum payment and pay off the remaining balance within the promotional period to avoid interest. They also offer extended payment plans for 24, 36, 48, or 60 months.
5. **Senior citizens (Age 60 or over) Discount of 10%.** As a courtesy to anyone 60 years old or older we will gladly discount your fee by 10% if services are paid at time of treatment. This discount cannot be combined with any other discount options.

We will be happy to work with you to plan out the most appropriate arrangements for your budget. Financing your treatment allows you to start your dental care immediately and spread the payments over a time period. Most importantly, it offers you the opportunity to enjoy the benefits of your dental health without the financial strain. Part of our service to you is to try to restrict the ever-rising cost of health care. In an effort to do this, we have implemented a policy of no open billing. Our choices were between implementing a financial policy or raising our prices, therefore, we decided instead to implement this financial policy which will share the responsibility equally among all patients.

By signing below I certify that I have read, understand, and agree to the financial policy provisions stated above.

Date: _____

Print Patient Name: _____ Signature: _____