North Country Health Consortium

Molar Express Payment Policy

Insured Patients
Insured patients must present their current insurance card at the time of the visit. Co-payment and coinsurance amounts must be paid at the time of the appointment. Molar Express will submit the claim to the insurance company; however, it is the patient's responsibility to work directly with the insurance company regarding any denial of payment because of coverage issues, and to pay for the services not covered.

Self-pay Patients
Self-pay patients must pay their portion of the bill at the time of visit. Self-pay, non-sliding-fee patients are eligible for a 5% prompt pay discount when they pay the full fee at time of service. Patients will be informed of the estimated cost of the visit prior to the scheduled appointment. If any unforeseen costs arise at the time of the visit, the patient will be required to pay the balance within 21 days of receipt of bill. If the patient arrives for his/her appointment without payment, the appointment may need to be rescheduled, depending upon the urgency of the visit, as determined by the dentist.

Payment Plans
Staff will work with non-discounted, self-pay patients who cannot afford to pay their full bill at the time of service to arrange an acceptable payment plan. Payment plans are arranged prior to date of service. Sliding scale, discounted fees are not eligible for Payment Plans or 5% prompt pay discount. If payment is returned for non-sufficient funds in either check, credit or debit, the discount program is voided.

Sliding Fee Scale
To consider a patient for a sliding fee scale staff will review an accurate accounting of the patient's annual household income. An application will be provided for this purpose. Also, certain dental services requiring lab work cannot be discounted as deeply as non-lab services.

Patients who earn at or below 200% FPL pay 65% of full charge;
Patients with incomes over 200% FPL pay full charge
(*Approved by the Board May 9, 2011*)

Adopted by Board of Directors

_____
        Date