



## Dental Sleep Medicine Billing and Insurance Policy

Dreamhaven Dental Sleep Medicine would like to thank you for choosing us as your provider. We are committed to you and your treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

### **Cash/Credit Card/Care Credit**

Payment in full will be due at the time of service.

### **Insurance**

We require payment in full at the time of service. We will send all claims to your insurance company on your behalf and they will send all payments or correspondence to you directly. If needed, we will be happy to assist you in getting reimbursement. Some insurance plans require a referral from your Primary Care Clinic or Physician before you can receive coverage. If your plan requires a referral, you will need to contact your Primary Care Clinic to make sure that all appropriate referrals are in place prior to starting treatment.

**We strongly recommend that you contact your insurance company prior to treatment to confirm the amount or percent of coverage for your care in this office. Your insurance company may ask you for a CPT or HCPCS code for the treatment. The billing code for an oral apnea appliance is E0486. It is important that you confirm your financial responsibility before we begin treatment to avoid any misunderstandings.**

I have read, understand and agree to follow the policies and stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_