

FINANCIAL POLICY

ALL INSURANCE COPAYMENTS ARE DUE ON THE DAY SERVICES HAVE BEEN PROVIDED – THANK YOU

Thank you for choosing Oral Surgery Office, LLC for your surgical needs. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following information is provided to help you understand your financial obligation for the surgical services you will be receiving. For your convenience, we accept most major credit cards, cash, check, and Care Credit® financing.

Insurance Account: If you have insurance, you will pay a portion of your bill that reflects your estimated insurance benefits (co-pay amount to be determined on the day of your exam and to be paid prior to surgery). Because this is only an estimate, you may still have an outstanding balance that is due even after your insurance pays its portion. In the event your insurance company has not processed and paid your claim within 60 days, you will be expected to pay the entire balance of your bill at that time. We recommend that you follow-up with your insurance carrier within the next 30 days and advise us if there is a problem with the processing of your claim.

Insurance Company Billing: As a courtesy, we will gladly file your insurance for you. It is your responsibility to supply us with complete and correct insurance information including copies of your insurance card(s). In the event that your insurance company is going to cover less than \$100.00 of your bill, they only make payment to the patient, or a claim must go through your medical insurance first, you will be asked to pay your bill in full and be reimbursed by your insurance company.

Account Responsibility: Some people are under the impression that if they have insurance, it is the insurance company which owes the doctor for their services. This is not the case. The insurance contract is between you and the insurance company. We are not a party to that contract. Therefore, you are responsible for the charges incurred, regardless of insurance coverage. In the event that you are turned over to collections for non-payment, you will be responsible for all attorney/collection fees.

No Insurance: If you do not have insurance, payment is due in full on the day of service.

Finance Charge: A finance charge of 1.5% (18 % APR) will be assessed every month for any balance remaining after 60 days regardless of insurance status.

Please note: We are committed to providing the best treatment for you and your family and we charge only what is usual and customary for our area. However, some insurance companies will pay a claim based upon their own “usual and customary” fees and this may be different than our actual charges. Also, some or perhaps all of the services we provide for you may be denied or considered “non-covered” by your insurance company, and they may deny payment. If this is the case, we will work with you to seek payment for your claim. However, you will still be responsible for the entire amount of your bill even if your insurance will not pay us or you for our services.

Thank you for understanding our financial policy. Please let us know if you have any questions.

I have read the above, I understand it, and I agree to comply with the financial policy as set by the Oral Surgery Office, LLC. I hereby assign my rights in insurance benefits and payments directly to Oral Surgery Office, LLC.