Financial Policy

Thank you for choosing Oral Surgery Office, LLC for your care. We are committed to providing quality service and successful treatment. Payment for services is part of your treatment responsibility.

Payment at Time of Service

Payment in full is due on the day services are provided. We will submit insurance claims as a courtesy; however, reimbursement is typically sent directly to you by your insurance company. We will do our best to provide an estimate before treatment. Please ask if you have questions about charges or payment options.

Insurance Billing

You are responsible for providing accurate insurance information, including your insurance card. Insurance coverage is an agreement between you and your insurance company. Any amount not paid by insurance remains your responsibility.

Patient Responsibility

You are responsible for all charges incurred, regardless of insurance coverage.

Unpaid accounts may be referred to collections, and you will be responsible for any related collection or attorney fees as allowed by law.

Past Due Accounts Finance Charge & Delinquent Accounts

A finance charge of 1.5% per month (18% APR) will be assessed on any balance unpaid after 60 days, regardless of insurance status. Finance charges will accrue until the balance is paid in full, whether or not statements are received. Accounts not resolved within a reasonable time may be referred to a collection agency or attorney without further notice. The patient is responsible for all collection costs, including attorney fees, collection agency fees, court costs, and any other expenses incurred to collect the balance.

Insurance Limitations

Some services may not be covered or may be paid at lower rates by insurance. You remain responsible for any unpaid portion. Thank you for your understanding and cooperation. Please let us know if you have any questions.