ORAL SURGERY OFFICE, LLC

FINANCIAL POLICY

Thank you for choosing Oral Surgery Office, LLC for your care. We are committed to providing successful treatment and quality service. Payment for services is considered 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 portion not paid by insurance remains your responsibility.

Patient Responsibility

You are responsible for all charges incurred, regardless of insurance coverage. Accounts not paid may be referred to collections, and you will be responsible for any associated collection or attorney fees as allowed by law.

Cancellation / No-Show Policy

OSO requires at least **24 hours' notice** to cancel or reschedule an appointment. Appointments cancelled or rescheduled with less than 24 hours' notice, or appointments for which the patient fails to appear, will be subject to a **$75 cancellation/no-show fee**.

The **$75 cancellation/no-show fee must be paid before another appointment can be scheduled.**

Past Due Accounts

Finance Charge & Delinquent Accounts

A finance charge of **1.5% per month (18% APR)** will be assessed on any balance remaining unpaid after 60 days, regardless of insurance status. Finance charges will continue to 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 agrees to be responsible for all costs of collection, including attorney fees, collection agency fees, court costs, and any other expenses incurred in collecting the balance, as allowed by law.

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.

Acknowledgment

I have read, understand, and agree to the terms of this Financial Policy, including the **Cancellation/No-Show Policy**.