



## Financial Policy

- The most common misconception concerning insurance is that your policy will cover the total cost of surgical fees charged. Insurance is designed to reduce your cost, but usually will not eliminate it entirely. Your estimated out-of-pocket payment is due in full for each visit at the time of service
- Overpayments will be processed and refunded to the appropriate party according to generally accepted procedures. Refunds due to the patient/guarantor will not be processed and remitted until all active and past due, including bad debt accounts, have been paid for. This process typically takes 30 days.
- This office will accept the following instruments for payments of services rendered: VISA, MasterCard, Discover, Cash, Check and Care Credit. We cannot accept CARE CREDIT "no interest" plans. We can only accept *CARE CREDIT 36 month and 48 month Extended Plan* with a minimum charge of \$1,000.
- This office will not be involved in any third party liability cases. It is the patient's responsibility and obligation to see that this office is paid promptly.
- It is our policy to submit any insufficient funds (NSF checks) to the County, District Attorney's Office and/or an outside collection agency. A \$35 charge will be added to your account for each NSF check submitted.
- Insurance will be filed as a courtesy to the patient. However, coverage does not relieve the patient of financial responsibility, nor suspend payments until the insurance has been paid. This office will file on primary insurance only. It is the patient's responsibility to file on any secondary coverage. We will be happy to provide you with information necessary to file.
- Upon verification of insurance benefits, we will attempt to estimate the patient's portion of the fees due. However, this is only an estimate and neither the insurance company nor this office will guarantee this figure. The patient will be responsible for any coinsurance amounts prior to surgery.
- All patients are charged the same for services rendered. This office does not accept reasonable and customary charge calculations by outside parties unless provided in an arrangement such as a managed care contract. Any discounts/write offs will be applied upon receipts of payment and EOBs.
- In cases of divorced parents, the parent bringing the child will be deemed responsible for payment.
- This office will send the patient or responsible party a statement showing the balance of the account after all monies have been received from the insurance company. If no Insurance payment is received within sixty (60) days of service, the patient is fully responsible for payment of account. The responsible party must pay any unpaid amount not covered by your insurance no later than 30 days following insurance payment.
- If payment has not been made to an account ninety (90) days after service is rendered, and no contact or appropriate arrangements have been made; the account will be referred to the necessary legal authorities and credit bureau services. This also applies for patients with insurance.
- For procedures other than traditional oral surgery, in order to schedule a procedure and to secure your desired date, we must obtain a \$500.00 non-refundable deposit. The remaining balance of the fees will be due upon your preoperative visit or two weeks prior to your procedure. The deposit will be applied to your procedure, however if the procedure is canceled for any reason, this balance is also non-refundable except in the case of documented emergency or medical disability. If your scheduled date is changed within (3) three weeks of your procedures, an additional \$250.00 deposit is required.

I have read and agree to the above policies. I understand that it is my responsibility to pay any fees to this office. This signature on file is also my authorization for the release of information necessary to process any insurance claims. I hereby authorize payment to this doctor named of the benefits otherwise payable to me.

**Patient/Legal Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_