



BASIC POLICY

Payment for services is due in full at the time of service.

Our office accepts cash, personal checks not over \$200 (with valid driver's license), and credit cards (*Optional: Direct Debit Bank Cards, Care Credit*).

There is a \$20 returned check fee due and payable from you for each check returned to us by your bank.

FOR PATIENTS WITH INSURANCE

As a service to our patients, we will accept "assignment of benefits" and will bill your insurance carrier, provided proper paperwork is provided to us.

We will also assist you in billing your secondary insurance carrier, if applicable, and in researching unpaid claims.

Every effort will be made to closely estimate your co-payments and deductibles, which are due at the time of service, but the ultimate responsibility for any unpaid balance rests on you.

If an insurance carrier has not paid within 60 days of billing, any unpaid professional fees are due and payable in full from you.

MANAGED CARE PARTICIPANTS

Some benefit plans require pre-authorization and specialist referral forms from your primary physician.

Please provide the proper insurance plan identification and forms necessary prior to your visit.

All co-payments or patient out-of-pocket fees are due and payable at the time of service.

MEDICARE PATIENTS

We do not accept Medicare at this time.

SURGERY FEES

All co-payments, deductibles and payments for non-covered surgical procedures are due prior to your surgery.

Your insurance carrier may require prior authorization.

NON-COVERED CHARGES

Any charges not paid by your insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial.

To assist our patients, we offer financial arrangements and/or alternative financing sources. Please ask our billing personnel for additional information.

WORKERS COMPENSATION

If your injury is work-related, we require the necessary insurance billing information and employer authorization form prior to your office visit or treatment.

PERSONAL INJURY CASES

This office does not accept liens nor bill for auto-accident or other liability or lawsuit-related cases.

The patient is responsible for services provided at the time of service.

FOLLOW-UP VISITS

Periodic post-operative office visits may or may not be covered under your insurance plan; however, these may be required by the attending doctor to monitor your health.

CANCELLATION OF APPOINTMENTS

Our goal is to provide high quality of care at low cost to our patients and in fairness to other patients and the doctor, we require at least 24 hours' notice when canceling an appointment. There is a \$45 fee for missed appointments without 24-hour notification, which will be due and payable from you. The practice reserves the right to dismiss patients with excessive cancelled appointments.

ASSIGNMENT OF INSURANCE BENEFITS Patients with insurance coverage, please read and sign below:

I hereby assign all medical and/or surgical benefits, including major medical benefits to which I am entitled, private insurance, and any other health plans, to Oral Surgery Solutions. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered to be valid as the original. I understand that I am financially responsible for all charges whether or not paid by my insurance carrier. I hereby authorize said assignee to release all information necessary to secure the payment.

Signed by Patient or Guardian:

I have read, understood and agree to the above financial policy for payment of the professional fees. I understand that: I AM ULTIMATELY RESPONSIBLE FOR ALL FEES FOR SERVICES PROVIDED TO ME.

Signed by Patient or Guardian: _____ Date: _____