

Financial Options

Our mission is to deliver the finest, most cost effective oral surgery care available. During your evaluation the doctor will advise you of the recommended course of treatment, and our staff will discuss the cost with you. In an effort to avoid any misunderstanding we request that you read and sign this page describing your financial options.

It is the policy of the office that all fees are to be paid in full on the day of service, unless other arrangements have been made with our business office in advance. It is important that patients with insurance coverage realize that professional services are rendered to a person, not the insurance company. ***PLEASE NOTE: We are unable to quote estimated insurance benefits. The amount we request at the times of service is a deposit only.*** We strongly urge you to contact your insurance carrier to determine what your actual benefits may be, or we can submit a written pre-determination of benefits to your insurance carrier if you request it.

Patients with insurance are required to pay a deposit that reflects the ***estimated*** amounts not covered by insurance the day services are rendered. All accounts are required to be paid in full within 90 days, **regardless of insurance coverage.** If payment is subsequently made by your insurance carrier we will promptly refund any credit balance to you.

If for any reason you are unable to settle your account within 90 days, please contact our office. All account balances over 90 days will be assessed a finance charge of 1.5% per month (18% annually). Do not assume that insurance will make payment. Any account more than 90 days old is subject to being placed with a professional collection agency, and will be subject to reasonable legal fees, court costs, and other costs necessary to collect the debt, including fees charged by a collection agency. If you have any questions regarding your account please contact our office.

Please check one of the following:

1. I will pay in full at the time of service.
Please circle one: Cash/Check Visa Mastercard Discover Amex
2. I am covered by insurance and will pay all ***estimated*** “out-of-pocket” amount at the time of service. ***I understand that the amount I pay at the time of service is an estimated deposit and that I may be responsible for additional amount after insurance pays.***
3. I would like to discuss the CareCredit finance option.

I HAVE READ AND UNDERSTAND THE FINANCIAL OPTIONS DESCRIBED ABOVE AND AGREE TO ABIDE BY ITS TERMS.

SIGNATURE: _____ **DATE:** _____