

## Stateline Oral & Maxillofacial Surgery, PC

### FINANCIAL POLICY

Thank you for choosing us as your oral surgery care provider. We are committed to the delivery of compassionate surgical care. The following is a statement of our financial policy; you will need to read and sign this document prior to any treatment. Please feel free to contact a staff member with any questions regarding this policy.

**Patient with insurance:** Your insurance may only pay a portion of the cost of treatment at this office; that portion not covered by insurance is your responsibility and will need to be paid on the date of service. Our office will collect an estimate of what is payable by you on each date of service; this estimate will be based upon information provided to us by the insurance company. Information received from the insurance company is not a guarantee of benefit or payment. Individual plan benefits, such as plan waiting periods, UCR levels and yearly maximums vary greatly from plan to plan. If the insurance company pays less than estimated, or denies the claim entirely, you will receive a statement to that effect and you will be responsible to pay the remaining balance within 10 days. If the insurance company pays more than estimated, you will be sent a refund. As a courtesy to you, this office will submit a claim to the insurance company on your behalf, but you remain responsible for all charges regardless of actions taken by your insurance company.

Please bring all dental and or medical insurance information with you. Proof of insurance with a claims address must be provided or you will be responsible for all charges on the day of service.

It remains your responsibility to insure that you have active benefits with your insurance company each time you come to the office; if, for any reason, you receive services and are not active with your insurance you will be responsible for all charges. It is also your responsibility to obtain any referrals that might be required by your insurance company prior to your appointment. It is also your responsibility to verify that our office is listed as part of your insurance companies' network (if applicable).

**Claims submitted to an insurance company but not paid become due and payable by you 60 days from the date of service.**

**Patient without insurance:** Full payment is expected on the date of service unless prior arrangements with this office have been made.

**Method of payment:** Cash, Check, Visa, Mastercard, Discover and Care Credit. A \$30 charge will be applied to the account for returned checks.

**Minor patients and dependent students:** Any patient less than 18 years of age is considered a minor. An adult or guardian must accompany the patient for treatment. The adult accompanying the minor is financially responsible for the account. In the event the parents are separated or divorced, the parent accompanying the minor is financially responsible, regardless of divorce decree. Financial settlement must be resolved between the parents.

**Scheduling:** 48 hours advanced notice is required for the cancellation of an appointment. Failure to give adequate notice may result in a fee of \$50. Missed appointments may result in dismissal from the office.

**Authorization to release information:** I hereby authorize Stateline Oral & Maxillofacial Surgery, PC to release information acquired in the course of examination and/or treatment for insurance claims processing and/or legal purposes.

Patient / Responsible party: \_\_\_\_\_ Date: \_\_\_\_\_