

Stateline Oral & Maxillofacial Surgery, PC

**FINANCIAL POLICY**  
**Pertaining to patients with Ohio Medicaid Coverage**

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.

Our office does not accept patients with dual dental benefits (if you are covered through two dental insurance programs and one of those programs is an Ohio Medicaid program such as Paramount Advantage or Buckeye).

Your dental plan with Ohio Medicaid benefits covers many, but not all services that may be indicated as part of your dental treatment plan.

For those procedures that are covered, the administrator for your Ohio Medicaid benefits will pay 100% of what they reimburse for a particular procedure code. You will not (and can not) be responsible for a co-pay for a procedure that is covered through the program. Sometimes a preauthorization must be sent before surgery per the administrators' requirements. An approval from the administrator (for a procedure that has been sent for preauthorization) does not guarantee that a particular code is covered, nor does indicate that it can or will be accomplished in our office.

Some procedures that may be recommended as part of your dental treatment plan, are not, or may not, be covered by the Ohio Medicaid program. Your administrator (Paramount or Buckeye) may, or may not, be aware of what is, and is not, covered as a surgical benefit through this program. You (patient or guardian) may decide to proceed with a procedure that is not covered through Ohio Medicaid, but the cost of all such procedures will be your (patient or guardian) responsibility. A waiver will need to be reviewed and signed before such treatment can be delivered.

It remains your responsibility to insure that you have active Ohio Medicaid benefits 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.

**Minor patients and dependent students:** Any patient less than 18 years of age is considered a minor. The parent or legal guardian must accompany the patient for consultation and treatment.

**Scheduling:** 24 hours advanced notice is required for the cancellation of an appointment. Failure to give adequate notice for the cancellation of an appointment 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: \_\_\_\_\_