

ALLIANCE ORAL & MAXILLOFACIAL SURGERY, P.A.

FINANCIAL POLICY

Patient care is always our first priority. We take pride in delivering the finest care at a reasonable cost. For that reason it is important to have a good understanding regarding our office financial policies and your responsibilities.

INSURANCE PROCESSING

Your insurance coverage is determined by your insurance plan, and it's your insurance company that decides your benefits. We are not responsible for any limitation in coverage that may be included in your plan. The financial obligation for our services rests on you.

As a courtesy to our patients we will file up to two insurance claims (dental-dental / medical-dental). If you have a secondary dental insurance that requires medical denial, only primary insurance will be filed and you will be responsible for the balance. You can then file directly with your secondary insurance. We will gladly provide you with a copy of your itemized statement.

Please understand that even if you do have more than one medical and/or dental insurances, you might still have a deductible, co-insurance and/or co-pay obligation. **It is your responsibility to pay any denied or unpaid balance in full.**

PLEASE READ CAREFULLY

- ☐ As a benefit to our patients, we will verify your insurance benefits prior to your appointment, you are responsible to provide your insurance information at least **2 business days prior to your appointment**. Failing to do so, you will be treated as Self-Pay and your estimated out of pocket will be determined the day of your appointment.
- ☐ As a courtesy to our patients, our office will file up to two insurance claims on your behalf.
- ☐ If the balance is under \$50 once primary insurance pays, the patient will be responsible to submit to their secondary insurance, a secondary claim will not be submitted and the patient will be responsible for the balance.
- ☐ Any treatment plan's **estimated** co-payments or deductible amounts (patient portion) are due at time services are performed.
- ☐ If your insurance is terminated **prior** to surgery, you will be responsible for the procedure at regular office fees.
- ☐ If your insurance company **misquotes** your benefits to us, we are not responsible for their mistake. You will be billed for any amounts not covered according to insurance explanation of benefits.
- ☐ Since your available benefits may change, treatment plan estimates are **valid 30 days** from the date of your consult. It's your insurance that determines your financial responsibility.
- ☐ Your insurance company may refuse payment of your claim, in which case you will be responsible for the entire bill.
- ☐ The best way to obtain the most accurate quote from your insurance company is to send a **pre-treatment estimate or pre-determination**. Insurance estimates may take 3 to 6 week to be processed. They are not a guarantee of coverage or payment. You may request the pre-treatment / pre-determination from our Treatment Coordinator **before** you leave your consult appointment.

ATTENTION PATIENTS WITH OUT OF NETWORK INSURANCES

If our providers are NOT in-network with your insurance plan, all procedures will be processed by your insurance as out-of-network. This means you will have to pay based on out-of-network coverage % and the explanation of benefits (EOB) from your insurance company won't necessarily match your financial responsibility with our office.

Even if we are informed that you have out-of-network benefits under your insurance company, certain types of plans will not pay any money if the patient requests and seeks services from a non participant provider. **It is your responsibility to confirm this information with your insurance provider.**

ATTENTION MEDICARE PATIENTS

We are not MEDICARE providers, for that reason **we can not file claims** to supplemental medical insurance for patients covered under Medicare. If you have a separate dental coverage, and your procedure is considered dental, we will verify

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your insurance benefits and quote our services accordingly. If a Medicare explanation of benefits is required for any dental or medical procedures, patient will be responsible for the full balance.

SELF PAY PATIENTS

Your treatment plan estimate will be valid for 60 days from the day you sign your estimate.

SCHEDULING POLICY

A **\$100.00** surgery scheduling fee will be charged when a patient schedules surgery. This fee will be applied to patient's balance once insurance is processed. If patient does not comply with our cancellation policy, the **\$100.00** surgery scheduling fee will be forfeited. For surgeries that require two or more hours, a customized schedule fee will be requested at the time of scheduling.

Because your schedule may change, if your appointment is more than two months in the future, we will need to verify that you want to keep that appointment closer to surgery. We will need to confirm your appointment 7-14 days prior to surgery. We will try to contact you during this time frame. If we are unable to contact you but the original surgery date no longer works, our scheduling fee can be refunded or applied to another appointment date if given the proper 2 business day notice.

CANCELLATION POLICY

If you must cancel or reschedule your surgery, please allow at least 2 business days notice. There will be a late cancellation charge that equals your scheduling fee, if you no-show, cancel or reschedule your surgery with less than 2 business days notice. If proper notice is not given or you simply do not show up for your appointment, and you would like to re-schedule your procedure, you will be required to pay 1/2 deposit of your estimated amount for the procedure prior to being placed back on the surgery schedule.

PAYMENTS POLICY

For your convenience, we accept Visa, MasterCard, Discover, debit card (Visa or MasterCard logo), money orders and cash. If one of these are not an option for you, you can apply for Care Credit, which is a third party payment plan alternative. **Personal checks will not be accepted as a method of payment.** If patient pays a final balance by mailing a check, and check is returned as "insufficient funds", a fee of \$35 will be added to your balance.

A patient's account remains due and payable within 30 days after the insurance processes your claim. If it becomes apparent that the patient does not intend to satisfy their unpaid balance, a collection agency may be employed to pursue collection of the account. The patient will be charged and held responsible for all collection fees incurred by Alliance Oral & Maxillofacial Surgery in collecting the debt. Those charges will be automatically added to the patient's account. Once your account is transfer to a collection agency, our office won't be able to process any payments.

I have read and understand my financial obligations as a patient / authorized representative. I acknowledge that I am fully responsible for providing correct insurance information and payment for all services not covered by my insurance company for any reason.

Signature of Patient or Authorized Representative

Date

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