

ASSOCIATES FOR ORAL & MAXILLOFACIAL SURGERY

OUR FINANCIAL POLICY

Thank you for choosing **A.O.M.S.** as your oral health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

Regarding Insurance

We ask that you pay, on the day of surgery, that percentage we estimate will not be covered by your insurance company(s), as well as any deductible not yet met. Payment plans are not available on this amount. Please remember that we can only estimate the amount to be paid by an insurance company, as they make payments based on their fee schedule. Their fee schedules are not a standard of our profession and may differ from our charges. While we help you in every way possible to obtain your maximum allowable insurance benefits, the insurance contract is between you and your insurance company, and does not replace your responsibility for your account. If your insurance company has not paid your claim within 45 days, we will ask you to pay the balance in full. It isn't easy for an office to become familiar with the details of every insurance plan it encounters. It is the responsibility of the patient, not the provider, to know what is covered and what is excluded from his/her plan. We may submit an insurance claim as a courtesy to our patients with insurance. If we are unable to verify insurance benefits with the insurance company, the account will be considered private pay and the payment requirements listed below will be applicable.

Private Pay

Accounts for which we are not submitting a claim to an insurance company will be considered private pay. We ask that you pay your charges in full on the day of treatment. If necessary, a payment arrangement may be discussed with a Financial Coordinator, however, all payment plans are subject to credit approval.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Medicare

As of July 1, 2004, the Oral Surgeons at A.O.M.S. have opted-out as Medicare providers. Medicare Part B beneficiaries seeking services covered under Medicare Part B pursuant to Section 1405 of the Balanced Budget Act of 1997 have the right to seek services from a participating Medicare provider. Should you choose not to go to a Medicare Part B participating provider and to have services performed by one of our providers, you are required to sign a "Contract for Services to a Medicare Part B Beneficiary" agreeing to private payment for services and agreeing that Medicare will not be billed by either the patient or the provider.

General Judgment (Divorce Decree) / Minor Patients

This office is NOT a party to your general judgment (divorce decree). The accompanying adult is solely responsible for full payment regardless of what your general judgment may state. Any minor child must be accompanied by a parent or legal guardian.

Multiple Accounts

We reserve the right to apply overpayments from one account to a remaining balance on another account with the same guarantor.

Service Charges

We reserve the right to apply a finance charge in the amount of 1.5% per month or 18% annually to all account balances after 90 days as allowed by state law. A fee of \$45.00 will be assessed to your account for any check returned unpaid by your bank. We accept personal checks, money orders, Visa, MasterCard and cash.

X _____
Signature of Patient or Responsible Party

Date

X _____
Signature of Patient or Responsible Party

Date