



*We are privileged to have you as our patient. We are committed to providing you and your family with compassionate, superior surgical care. The following is a statement of our Office Financial Policy.*

### **Office Financial Policy**

We strive to ensure your insurance benefits are maximized. Part of this process includes coordination of benefits, in and out of network. While our team will exhaust all efforts to understand your coverage, it is essentially the patient's responsibility to understand your network benefits, limitations, and policies as your insurance policy is a contract between you and your insurance carrier. Your insurance carrier ultimately determines amounts distributed for treatment rendered. Our team will gladly process all insurance claims and will exhaust all efforts to ensure benefits are maximized.

Our team will collect both medical and dental insurance information as some procedures completed in our office may be covered by both. While we currently are not in network with medical insurances, we will process claims.

Before treatment, we will verify your coverage and calculate co-payments as accurately as possible. Treatment plans given are only an estimate based on the information your insurance company provides. All deductibles and co-payments are due in full the day treatment is rendered. We accept cash, checks, and most major credit cards. There will be a \$50.00 fee on all returned checks. Additionally, we do partner with 3<sup>rd</sup> party financing companies.

*NOTE: A deposit for complex surgical cases may be required prior to scheduling treatment due to the cost of extensive preparation.*

Insurance companies do not guarantee payment over the phone. Payments are only guaranteed once the explanation of benefits is received upon closure of each claim. Given each patient is ultimately responsible for the charges rendered, any unpaid amount will be the responsibility of the patient.

We may elect to recruit the assistance of a Collection Agency in order to settle any accounts that are remiss for greater than ninety days. If your account is placed with a collection agency because of an unpaid balance, you agree and promise to pay a collection fee of 20% of the total balance due.

*I have read and understand the above Office Financial Policy. By signing below, I acknowledge responsibility and agree to the terms above.*

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Signature of Responsible Party

Date