

Financial Policy

Surgical Fee and Payment:

As the recipient of our services, you are responsible for the charges associated with each of the services you received during the course of your treatment. You (or your guardian, if a minor) must pay for the services you receive from our office. Many patients have insurance, financial support from family members, or non-resident persons who may pay all or a portion of your bill on your behalf, but you remain legally responsible for your bill.

Our mission can be simply stated:

We will deliver the finest care of which we are capable, at as reasonable cost to the patient as possible.

THIS IS AN ESTIMATE ONLY. YOUR ACTUAL FEE MAY VARY BASED ON NECESSARY CHANGES FOUND DURING SURGERY. FEES ARE VALID FOR 90 DAYS.

Patients who carry Dental Insurance should remember that professional services are charged to the patient, not the insurance company. Some insurance programs provide limited coverage for oral surgery. Some provide no coverage. Very few policies pay the entire charge.

To avoid misunderstandings please read the policies outlined below

- **PATIENTS WITH DENTAL INSURANCE:** We require your estimated co-pay before surgery, and your insurance form.
- **PATIENTS WITH NO INSURANCE:** We require the entire amount at the time of service.
- **ALL BALANCES, INSURANCE OR NOT, ARE DUE IN 90 DAYS. AFTER 90 DAYS, 1.5% PER MONTH, OR 18% PER YEAR, WILL BE CHARGED ON THE UNPAID BALANCE.**

We will be happy to prepare the necessary insurance forms to speed up your insurance claims. If your insurance pays more than anticipated, we will mail you a refund when we receive payment from your insurance company. If they pay less than anticipated, we will send you an invoice for the balance

I understand and agree to the above treatment plan.

RESPONSIBLE PARTY'S NAME _____

RESPONSIBLE PARTY'S SIGNATURE _____

DATE ____/____/____

PREPARED BY (initial) _____