



FINANCIAL POLICY AND AGREEMENT

(Please read thoroughly)

Patient's Responsibilities:

Patients are ultimately responsible for all charges resulting from treatment provided by **Summit Oral Surgery and Implants - Paul Buck MD, DDS, PC**. As a courtesy, we will bill most insurance carriers directly for you. Please remember that an insurance plan is a contract between a patient and the insurance company. By signing this agreement, the patient or a responsible party agrees to pay for all oral surgery services rendered even if an insurance company refuses to pay or if an insurance company does not pay an amount the patient or responsible party expected. *Complete and accurate demographic information is required in order to extend the courtesy of filing your insurance claim for you.*

Treatment Estimates Are Not Guarantees:

As a courtesy, we will provide each patient with a treatment estimate according to information obtained from an insurance company. Please remember that a verbal or written estimation of benefits is not a guarantee the insurance company will pay that amount. Unfortunately, even a prior authorization is not an absolute guarantee of payment. Due to the complexities of insurance contracts patients may become frustrated, confused or disappointed when an insurance company does not pay an amount that meets their expectation. In an effort to prevent misunderstanding or false expectations, we have established a payment policy for those with insurance. It is based on a percentage of treatment being paid up front and providing a grace period for insurance companies to pay. Any balances or credit remaining will be billed or refunded.

What do I have to pay and when?

The total amount due for your surgery or approximate copayment will be collected **1 week** prior to your scheduled surgery appointment. To secure an appointment for more complicated or larger procedure cases, the total estimated treatment plan will be collected with-in 1 week of reserving the appointment time.

Patients without insurance or any remaining benefit available are expected to pay the balance in full **1 week** prior to surgery or treatment.

If a Patient has an available insurance benefit, the estimated copayment will be collected **1week** prior to the day of surgery.

For patients with dual insurance coverage, the amount collected **1week** prior to the day of surgery will be calculated based on any estimated remaining benefit.

(over)

Methods of Payment:

Check, debit card, Visa, Master Card, American Express and Discover

✓ Payment Plans:

Based on the treatment plan and patient’s credit, our practice may offer third party financing through “Care Credit”. They can be contacted at 1-800-365-8295 or visit them online at www.carecredit.com

- ✓ A **\$25.00** service charge will apply on all returned checks.
- ✓ If an insurance company has not paid a benefit within 45 days, the patient or responsible party is expected to pay any remaining balance at that time.
- ✓ When treatment is completed, any credit remaining on a patient’s account after the insurance has paid will be mailed to the patient or a responsible party by check. Refund checks are sent out monthly for credit balances over \$5.00. Patients who pay using their Care Credit account will have the refund applied directly back to their account.
- ✓ Balances owed by the patient or responsible party that are over 90 days will accrue a finance charge of 1.5% that will be added to the account for each additional month that the account is past due. This represents an **annual percentage rate of eighteen (18%) percent**. Accounts over 120 days will be referred to a collection agency.
- ✓ Minors: The undersigned will agree to be responsible for payment of balances for services rendered to minors.

Missed appointments or cancellations on short notice (Less than 48 hrs.)

We realize that life does not always go according to plan. However, we require that our patients provide at least two days (48 hrs) notice should you need to cancel or reschedule an appointment for any reason. Due to the fact that surgical appointment times are very difficult to reassign on short notice, **there will be a minimum charge of \$100 for a missed or canceled appointment with less than 48 hrs of notice.** Hardships will be considered on a case-by-case basis.

By signing, I am stating that I have read the financial policy and agreement, and I agree to the terms explained. I have been given an opportunity to ask questions regarding this agreement and understand the terms.

Patient’s (or Responsible Party) Signature

Date

Print Name