

Southwest Oral Surgery Financial Policy

Insurance

1. If the patient does not have insurance, full payment is expected at the time of surgery unless other arrangements have been made prior to the date of surgery.
2. Insurance companies pay benefits based on fees that they determine according to contracts negotiated with employers. They term these benefits "reasonable and customary rates" which may or may not be the prevailing fees in the area. The fees charged in our practice fall within most insurance companies "reasonable and customary rates." However, those who have a contract with a lesser quality insurance company, or those whose employers have purchased inferior plans may have "reasonable and customary rates" that fall below actual charges. Should this occur, the patient is responsible for the balance not covered by insurance. We will not be forced to let monetary considerations and insurance company policies interfere with providing the best possible care to our patients.
3. Patients who have dental or health insurance should remember that professional services are provided and charged to the patient, not the insurance company. Allowing time for the insurance company to process claims before collecting our fee is a courtesy we extend to our patients - not an obligation.
4. We will submit insurance claims for the patient unless other arrangements have been made.
5. If a patient's insurance requires hospitalization to be predetermined, it is the patients responsibility to notify our office.
6. The parent that accompanies the child to the office will be responsible for the fees unless arrangements have been made prior to the date of service.

At the time of service we require a 20% to 50% deposit.

Payment of Charges

1. If the insurance payment covers this amount or a portion of it, you will be reimbursed for the paid amount. If the reimbursement is less than this amount, you will be billed for the balance.
2. Sixty days will be allowed for your insurance company to process the claim. If, after sixty days, no notice has been received from your insurance company, it is your responsibility to contact them directly. You should remember that the entire balance is your responsibility at that time.
3. We offer outside financing through **Care Credit**.

Late Fees

1. A finance charge of 12% annually will be applied to any unpaid balance thirty (30) days after service is rendered or thirty (30) days after your insurance company has paid.
2. If, after sixty (60) days from the date of service, your insurance company has failed to pay, your account will be subject to the finance charge.
3. If any balance is overdue and legal and/or collection assistance becomes necessary, the responsible party will be liable for charges incurred.

This signature is on file as my authorization for the release of information necessary to process my claim. I hereby authorize payment directly to Southwest Oral Surgery of the insurance benefits otherwise due me. I have read the above financial policy and agree to the terms outlined therein.

Today's charges will be paid by **cash** **credit card** **debit card** **check**

Patient/Parent or Legal Guardian _____ Date: _____