

# Sunset Oral & Maxillofacial Surgery

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## OFFICE FINANCIAL POLICY

We want you to feel comfortable with our office regarding your financial and insurance matters and thereby prevent misunderstandings. We believe that you, our patients, expect and deserve the highest quality care we can provide at a reasonable cost. While we take advantage of every possible avenue to keep costs down, we are committed to not sacrificing quality for less expensive care. We hope you will contact us if you have any questions regarding our services or our financial policies.

Many people are under the impression that if they have insurance, it is the insurance company who owes the doctor for his services. Please keep in mind that the insurance contract is between the patient and the insurance company. Therefore, the patient is responsible for the bill, regardless of insurance coverage determination. As a courtesy to our patients, we are happy to bill your primary insurance for you, however the responsibility for payment remains with the patient (or guardian). If you have additional coverage, we will assist you in billing your secondary policy.

**PATIENTS WITH INSURANCE:** At your examination or consultation appointment, we request that you pay a deposit, based on the estimated costs for any x-rays or office visit. At the time of surgery, patients are requested to make an estimated payment towards the planned treatment specific to your needs, and based on the benefit information given to our office from your insurance company regarding your policy and coverage.

Many insurance plans state that you will be covered up to "50%, 80%, or 100%". In spite of that statement, we have found in actuality that many plans may cover less than that depending upon their established "usual and customary" when setting fee limitations on services. Please be aware that some insurance companies will pay a claim percentage based on their "usual and customary fees", not our actual charges. If requested by the patient, we will request pre-authorization by your insurance carrier to determine what portion of the charges will be covered; however, this often requires several weeks to be processed by the insurance company. If your insurance pays more than the balance due on your account, a refund will be issued to you promptly. Refunds are processed twice per month.

**PATIENTS WITHOUT INSURANCE:** Patients without insurance are required to pay all charges in full at the time of service. An estimate will be given to you at your examination/consultation appointment for proposed or planned treatment that is specific to your oral surgery needs.

**PAYMENT OPTIONS:** Personal check, cash, or Visa / Discover / Master Card may be used for payment on your account. A 5% discount will be given to all patients having surgery who pay their accounts by cash or check in full on the day of service. This discount does not apply to credit cards. There will be a \$30.00 charge for all returned checks. Postdated checks will not be accepted.

**HOSPITAL SURGERY:** We require pre-authorization for all hospital surgery. Financial arrangements for hospital surgeries are made on an individual basis with our business manager prior to scheduling surgery.

**IMPLANT SURGERY:** We will be happy to pre-authorize your insurance for implant benefits. However, since few insurance carriers cover implant surgery, financial arrangements will be made on an individual basis with our business manager prior to your scheduled surgery.

**ACCOUNT BALANCES:** The balance on all accounts is due in full in 60 days regardless of insurance coverage or anticipated payment from other sources. In the event that payment for our services is not made within 60 days of receipt of services, an interest charge of 1.5% per month will be added to the account (18% per annum). Therefore, patients with insurance whose claims have not been paid within 45 days should contact their insurance company to determine the reason for delay of payment. Delinquent accounts will be referred for collection at the discretion of the business manager: a \$50.00 charge will be assessed for all accounts sent to collections.

**CANCELLATION POLICY:** Surgery appointments canceled within 48 hours of the planned surgery (without 48 hours notice) may be subject to a cancellation charge. "No Show" at a scheduled appointment will result in a charge based on the time allotted for the appointment.

**ASSIGNMENT AND RELEASE:** For individuals with insurance, your signature below hereby authorizes your insurance benefits to be paid directly to Sunset Oral & Maxillofacial Surgery, P.C. it also authorizes the doctor to release any information required for payment and processing of this claim. Please sign below to acknowledge your understanding of the information contained herein.

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Signature of Patient, Parent or Guardian

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Date