



ORAL & FACIAL
SURGERY ASSOCIATES

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FINANCIAL POLICY

Thank you for choosing Oral & Facial Surgery Associates for your surgical needs. Please take a moment to read over our financial policy prior to your appointment. Our doctors participate with many various PPO plans. While we make every effort to maintain the most up to date and precise information regarding participation status, **we strongly suggest that all patients contact their medical and dental company in advance to verify our participation and their anticipated benefits.** ____ Initial

1. Mastercard, Visa, Discover, and American Express will be charging a **2% Convenience Fee** that will be added to your **credit card payments**. This fee does not apply to cash, checks, HSA, and debit cards. ____ Initial
2. All patients without insurance will be expected to **pay for charges in full** at the time of service. ____ Initial
3. We will collect in full for dental implants unless we have written proof of insurance coverage. ____ Initial
4. All patients with insurance are expected to pay **20% of their total charge** at the time of service. **This amount is not an estimate of your coverage, nor should it be considered your sole responsibility for the charges.** If your insurance carrier should pay more than 80%, any overpayment will be refunded within 30 business days of our receipt of the insurance payment. ____ Initial
5. In order for us to file an insurance claim for you, you must provide us with **complete and accurate information** at the time of service. Please make sure you have all information with you at your appointment (i.e., claims address, group number, ID numbers, etc.). Should your plan require a referral from your referring dentist or physician, it is **your responsibility** to obtain the appropriate paperwork in advance of your appointment. ____ Initial
6. We will file a claim to your insurance carrier on your behalf. We will file secondary insurance as a courtesy if our office is in network with your secondary carrier. If not, we will provide you with the necessary information to file the claim yourself. You will receive a monthly statement of your account as long as a balance remains. **Any balance remaining on your account over 90 days is the responsibility of the patient, regardless of insurance status and is due in full at that time.** ____ Initial
7. **General anesthesia and nitrous oxide** ("laughing gas") are commonly used for surgical procedures. Anesthesia charges are in addition to any surgical procedures and are not always covered by insurance. **It is in your best interest to contact your insurance company in advance to inquire about anesthesia coverage under your policy.** ____ Initial
8. If the patient having surgery is a minor, the parent who brings the child to the appointment will be considered the financial responsible party on the account, regardless of residential and/or custody arrangements. The parent accompanying the patient will be responsible for paying. ____ Initial
9. We are not contracted **WITH ANY MEDICAL PLANS**. Biopsies are covered under **MEDICAL PLANS, NOT DENTAL**. If you are having a biopsy done, we will collect in full on the day of service. ____ Initial

Signature (Patient or Responsible Party)

Date

Any appointment cancellations must be made 24 hours in advance to avoid a service charge.