



# ORAL & FACIAL SURGERY ASSOCIATES

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Thank you for choosing Oral and Facial Surgery Associates for your surgical needs. Please take a moment to read over our financial policy prior to your appointment. Our doctors participate in 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 dental and medical company in advance to verify our participation and their anticipated benefits.***

## ***PAYMENT FOR SERVICES***

The payment for medical and dental services is the patient's responsibility. Our policy requires payment at the time the service is performed. Payments can be made with cash, check, major credit cards, HSA and debit cards. We also offer Care Credit as a form of financing. Please note: All credit cards will be charged a 3% convenience fee that will be added to your payment. This fee does not apply to cash, check, debit or HSA cards. ***We do not accept temporary or post-dated checks. A \$30.00 fee will be assessed on returned checks. If you do not have dental insurance, we will collect in full on the day of service.***

## ***Insurance***

1. Verification is not a guarantee of payment by your insurance company; final determination is made by your insurance company at the time the claim is received. We are not contracted ***WITH ANY MEDICAL PLANS and we are OPTED out of Medicare.***

## ***Contracted Insurance plans***

2. If our office has a contract with your insurance company, we will file all claims with them. 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 are responsible for payment of an estimated deposit at the time of service. In order for us to file an insurance claim for you, you must provide us ***with complete and accurate information*** when scheduling. 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 dentist or physician, it is your responsibility to obtain the appropriate paperwork in advance of your appointment. Biopsies are covered under your ***MEDICAL PLAN, NOT DENTAL.*** If you are having a biopsy done, we will collect in full on the day of service.

## ***Office visit/consultation***

Oral and Facial Surgery Associates does not offer free consultations. Many dental insurance companies have rules that only allow a certain amount of dental office visits per year. This is more known as a "Frequency Limitation." Dental insurances do not differentiate a visit to your general dentist from a visit to your specialist, such as an Oral Surgeon. If the insurance company has not processed the latest dental visit claim from your referring provider, then we have no way of knowing that the frequency limitations may have been met. Therefore, in this case, there would be a balance due from the patient for the Office Visit.

## ***Anesthesia and Nitrous***

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.***

\*\*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.

After we receive final payment or denial from your insurance company, you will be billed for the remaining balance on your account. If, after 60 days, your account remains unpaid by your insurance, you will be responsible for the balance. If in the event of an overpayment on your account, a refund will be sent to you. Refunds are mailed out the end of the second week of each month. It is important to remember that your insurance policy is an agreement between you and your insurance company. Your benefit assignment does not take the place of your responsibility to pay for services rendered.

***Any appointment cancelation must be made within 24 hours in advance to avoid a service charge.***

Thank you,

I have read the above and understand that I am responsible for all office charges. I also understand that once payment has been received from my insurance company, any balance remaining on my account will be due in 30 days. I authorize the release of any medical information necessary to process insurance claims and request payment of benefits to the provider of services. I understand that I will be responsible for all collection costs, attorney’s fees and/ or court costs.

Name of responsible party (Please print)

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Signature of responsible party

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Patient name, if different from the responsible party

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