

# TYLER ORAL & FACIAL SURGERY

## FINANCIAL POLICY

Your health and well being are our primary concern. We feel that we provide the highest quality of Oral and Maxillofacial Surgery available to our patients. Therefore, we feel it is important for our patients to fully understand their treatment plan, the fees involved and the method of payment. In order to avoid any misunderstanding, we wish to explain our office policy regarding payment of fees.

**OUR OFFICE POLICY REQUIRES THAT PAYMENT OF FEES BE MADE IN FULL AT THE TIME OF SURGERY OR TREATMENT.** Other arrangements for payment must be made in advance with the office financial manager.

The following are accepted methods of payment.

1. CASH OR DEBIT CARD - CHECK (Requires valid photo ID)
2. VISA, MASTERCARD, DISCOVER, CARE CREDIT (ASK TO APPLY) OR AMERICAN EXPRESS.
3. ASSIGNMENT OF INSURANCE BENEFITS. (SEE BELOW)

1. Written pre-authorization of benefits covered by your insurance can usually be determined. It takes approximately four to six weeks to obtain written pre-determination of benefits covered. Any charges NOT COVERED by your insurance would require payment in full before services rendered. If a pre-treatment estimate cannot be obtained, a 30 % down payment of charges exceeding \$360.00 would be required. For amounts less than \$360.00 we request **payment in full**.

2. Some insurance companies will not assign benefits. Those companies have been identified and **require full payment prior to surgery**.

3. NOTE: If your insurance plan requires a referral, it is your responsibility to obtain it from your primary care physician. If a referral is required and we do not have it on file, then you will be responsible for the visit in full; and a co-pay will not be accepted.

4. This office cannot accept responsibility for collecting your insurance claim; therefore, if payment is not received from your insurance company within 60 days from the date of service performed, you are responsible for paying the balance owed. You will receive a statement after 61 days and will be charged interest. All accounts with outstanding balances 120 days after date of service will be turned over for collection.

**THERE IS A SERVICE CHARGE OF \$25.00 ON ALL RETURNED CHECKS.**

**A FINANCE CHARGE OF 1.5% PER MONTH, WHICH IS EQUIVALENT TO AN ANNUAL PERCENTAGE RATE OF 18% WILL BE APPLIED TO ALL ACCOUNTS OUTSTANDING AFTER 61 DAYS FOLLOWING SERVICES.**

I hereby assign all medical-surgical and dental benefits, including major medical benefits to which I am entitled, to Tyler Oral & Facial Surgery. This includes Medicare, private insurance and any other health/medical plan I may have. This includes services rendered to myself and/or my covered dependents. Payment will be directly paid to Tyler Oral & Facial Surgery. I understand that I am responsible for any amount not covered by my insurance. A photocopy of this is to be considered as valid as the original. My signature below signifies my acceptance of these terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NOTE: FOLLOW-UP VISITS WILL BE INCLUDED WITH SURGERY FEES UP TO A CERTAIN POINT DEPENDING UPON THE SURGERY. FOR CLARIFICATION, PLEASE FEEL FREE TO INQUIRE.**

**IF THERE ARE ANY BILLING ISSUES WHICH NEED TO BE RESOLVED, PLEASE CONTACT OUR FINANCIAL MANAGER FOR ASSISTANCE.**

Revised 05/31/2005 RR