

ANCHORAGE ORAL AND MAXILLOFACIAL SURGERY, INC.

OFFICE FINANCIAL POLICY

PATIENTS WITH INSURANCE: 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, 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 guarantor). If you have additional coverage, we will assist you in billing your secondary policy as long as the information is provided.

At the time of surgery, patients are requested to make an initial payment toward the estimated charges, with the exception of implant and hospital surgeries (please see policies below). This amount will be one fourth (25%) of the estimated total charges. If your insurance pays in addition to the balance due on your account, a refund will be sent to your promptly. These refund checks are sent out bi-monthly.

Many insurance plans state 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" fees, not our actual charges. Dental insurances are subject to an annual maximum which may decrease payment as well. To determine exactly what portion of your bill will be covered by insurance, we will gladly request preauthorization by your carrier, however, this usually requires four to six weeks to be processed by the insurance company.

*******We do not bill Medicaid, Medicare or Tricare insurance.*******

PATIENTS WITH OUT INSURANCE: Patients without insurance are required to pay the charges in **full** at the time of surgery. An estimate will be given to you at your examination/consultation appointment. If you are unable to pay for services, we offer a monthly payment plan called CareCredit. Monthly payments are made directly to CareCredit offering you a more flexible monthly payment plan. Applying is simple, either in our office or on the internet at carecredit.com. Please feel free to ask for more details if interested.

CHARGE CARDS: Visa, Master Card, American Express and Discover may be used for payment on your account.

HOSPITAL SURGERY: We require pre-authorization for all hospital surgeries. If there is not adequate time to obtain prior authorization, or the surgery is denied by your insurance, payment in full is required prior to the day of surgery. Keep in mind, hospital fees are charged separately.

IMPLANT SURGERY: We do our best to preauthorize all implant surgeries. If there is not adequate time to obtain a preauthorization, or the surgery is denied by your insurance, payment in full is required on the day of surgery. We will honor a written preauthorization and collect your portion on the date of service.

CHECKS: There is a \$25.00 charge for all returned checks.

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 .85% per month will be added to the account (10% 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. Otherwise, it is recommended to apply for CareCredit. Delinquent accounts will be referred for collection at the discretion of the business manager.

ASSIGNMENT AND RELEASE: For individuals with insurance, your signature below hereby authorizes your insurance benefits to be paid directly to our office. You are still financially responsible for any balance due. It also authorizes the doctor to release any information required for payment and processing of this claim.

Please read, initial, and sign below.

_____ I understand that insurance coverage is not a guarantee of payment.

_____ I am responsible for monitoring the processes of my insurance company, to make certain claims are processed in a timely manner, and to contact them myself if a claim is unpaid.

_____ I understand that any co-payments or "patient responsibility" percentages must be paid at the time of service.

_____ If payment is not received from the insurance company within sixty days from the date filed, the balance becomes my responsibility.

_____ I will receive a statement for any remaining balance after all applicable insurances have been billed. I understand that balance is due in full upon receipt.

Date: _____ **Signature of Patient, Parent of Guardian:** _____

Printed Name of Patient, Parent or Guardian: _____