TYLER ORAL FACIAL SURGERY

TURTLE CREEK SURGERY CENTER

FINANCIAL POLICY

Your health and well being are our primary concern. We feel that we provide the highest quality of Oral & 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 be made at the time services are rendered. We are a Medicare and Medicaid provider and accept many commercial dental and medical insurance plans. As a courtesy we will file your claim. It is your responsibility to know your coverage and benefits. You must present insurance card and photo ID at registration. **All initial office visits must be paid in full at the time of service regardless of insurance.**

INSURANCE

We will verify insurance and benefits upon receipt of insurance information. If requested we will ask for a written pre-determination of benefits from your insurance company. This usually takes four to six weeks. Surgery will not be scheduled until this is received. If surgery is scheduled before receipt of pre-determination we will ask for 30% of estimated charges exceeding $360.00. For amounts less than $360.00 we require payment in full.

If we are a contracted provider you will be required to pay your co-payments/co-insurance and any unmet deductible at the time of service. It is your responsibility to verify with your insurance plan that we are a contracted provider. If your insurance requires a referral, it is your responsibility to obtain one from your primary care physician. If your insurance does not assign benefits, fees are due at time of service. Any balance remaining after insurance has paid is your responsibility. If your insurance does not pay your claim within 60 days from date of service you will receive a statement with payment due upon receipt. After 120 days from date of service, your account will be turned over for collection no exceptions.

MEDICARE

Medicare patients will be responsible for paying their deductible and 20% of the allowable charges at the time of service. We will file your claim with both Medicare and your secondary insurance. You will be asked to sign an ABN for services not covered by Medicare. Any fees for not covered procedures are due at time of service.

MEDICAID

You must have current Medicaid card at time of registration. If Medicaid has expired it is the patients responsibility to get reinstated or patient will be billed as a patient without insurance coverage. Any non covered procedures will be billed to patients.

PATIENTS WITH OUT INSURANCE COVERAGE

Payment of fees are due at the time of service. If surgery is scheduled, payment must be made in full prior to surgery or on day of surgery, no exceptions. CareCredit is available to all patients needing a financing option. We do not offer payment plans.

METHODS OF PAYMENT

1. Assignment of insurance benefits.
2. Cash or check with proper ID. Absolutely no temporary checks ***(no exceptions)***. Returned check fee is $30.00.
3. Bank debit card with proper photo ID of cardholder.
4. CareCredit *(card and accountholder must be present)*
5. Visa, Mastercard, Discover and American Express accepted with proper photo ID.

CANCELLATION FEE

Any scheduled procedure(s) that requires prepayment in full, may be subject to a cancellation fee. If a procedure(s) is cancelled less than 48 hours prior to scheduled time, it may be subject to a 15% cancellation fee.

REFUNDS

Any refund due will be paid in the manner payment was received by us. Cash and check refunds will be made by check. Credit cards will be credited back to the account. Care Credit will be credited back to the account. All refunds will be paid back to the individual making payment.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby assign all medical-dental benefits, including major medical benefits to which I am entitled, to Tyler Oral & Facial Surgery. This includes Medicare, private insurance and any health/medical/supplemental 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 electronic signature below signifies my acceptance of these terms.

I have read and understand the financial policy as stated above. I agree to meet my financial obligation in accordance with this policy. Should I have any questions I will contact the Insurance Specialist responsible for my account.

_____ _____

Patient's (or Legal Guardian's) Name Date

X_____ _____

Patient's (or Legal Guardian's) Signature Date