

CHATHAM ORAL & MAXILLOFACIAL SURGERY, P.C.

FINANCIAL POLICY

WELCOME!

We would like to take this opportunity to extend a personal "Thank you" for your allowing us to assist with your oral surgery needs. Dr. Scarbrough, Dr. Wilson and the team at Chatham Oral & Maxillofacial Surgery are committed to providing you with the highest quality of surgical care, as your health and well-being are our primary concern. Please understand that prompt payment of expenses is part of your treatment. Thus, the following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. We are happy to provide you with a signed copy for your records.

REGARDING INSURANCE

We will gladly file insurance claims and accept insurance reimbursement on your behalf, regardless of contractual participation. **However, if you are unable to provide adequate proof of insurance (insurance card or enrollment forms), payment for your visit is expected AT THE TIME OF SERVICE.** Once insurance eligibility and benefits are verified, we will allow you to pay your *estimated* portion of the treatment, and file a claim for the remaining balance. By law, insurance carriers are allowed 15 days to respond to a claim, however as a courtesy to you, we allow 60 days for the claim to be paid. If your insurance carrier does not respond within 60 days, the balance will be transferred to patient responsibility. There will be a 1.5% monthly interest charge (18% per annum) applied monthly to any account balance exceeding 60 days, regardless of insurance status.

Our surgery fees are usual and customary for this area. At times, situations arise in which your insurance carrier may deem your treatment non-covered, excluded, or may pay less than the amount billed. Please remember that regardless of your insurance carrier's determination of what charges should be, you are responsible for payment of any unpaid balance. Once all insurance payments are received and any necessary adjustments are made (this applies to contractual agreements only), you will receive a final statement. **If you have questions regarding our (contractual) participation with your insurance carrier, please speak with a Patient Care Representative BEFORE seeing the doctor.**

Your account balance is considered due in full unless other arrangements are made with our Billing Manager. If your account balance becomes delinquent and has to be forwarded to a Third Party Agency for collection, pursuant to Georgia statutory Law "O.C.G.A.-13-1-11", your account may be charged a 33% collections fee.

MISSED APPOINTMENTS

We understand that unexpected situations arise sometimes, however we do require a 24-hour cancellation notice for appointments. We allot substantial time for surgical procedures, and appreciate prior notice in the event of a need to cancel.

METHOD OF PAYMENT

Payment is due for treatment AT THE TIME OF SERVICE. Thus, we accept the following payment methods: Cash, Visa, MasterCard, and American Express. We also accept personal checks; however Point-of-Service check approval is required prior to treatment. We are now proud to also offer interest-free financing for your balance. Please ask a COMS Team Member for details.

We hope the information provided will be helpful to you. Thank you for your understanding.

I have read the Financial Policy. I understand and consent to the terms of this agreement.

Signed: _____ Date: _____