

Advanced Oral and Maxillofacial Surgery Financial Policy

AOMS

Dr. Robert J. DeFalco

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients from many different insurance companies with many different policies. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy exclusions, deductibles, and required co-insurance, before your office visit. This office does not participate with **ANY MEDICAL** plans or their affiliates. We file claims to both medical and dental by the nature of our dental/medical specialty. Please be advised that we will process claims on your behalf.

Our services to you include:

- Filing an insurance claim in a timely manner of your visit and requesting payment of your benefits.
- Researching your insurance plan to help you understand your benefits.
- Following the American Dental Association, American Medical Association guidelines for coding procedures and filing to your insurance company.
- We accept all major credit cards, personal check, cash, and offer payment plans through Care Credit.
- As a courtesy to you we will give you an **ESTIMATE** of the payment which is collected at the time of service based on the information we obtain by phone verification with your insurance carries. This is an **ESTIMATE** derived from what we are told by your insurance carrier. It is not a guarantee of benefits or payment by your insurance carrier. AOMS will bill you for the outstanding amount once the insurance coordination of benefits is complete.

Our expectations of you as the owner of this policy:

- In the event that your specific dental and medical plan denies payment for a covered service, you, the member, are solely responsible for the fees your insurance company failed to pay.
- Payment of all fees not covered by your insurance plan is due at the time services are rendered. This includes payment in full for services when you have exceeded your maximum annual benefit.
- Understand that the insurance policy belongs to you and we have no leverage to obtain payment from the insurance carrier. If we submit a bill to your insurer for services rendered and we do not receive payment within 90 days the full balance becomes the responsibility of the patient or guarantor on the account.
- Realize that insurance policies restrict payment for some services, use restricted fee schedules, and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the contract between the insurance company and your employer.
- Keep our office informed of any changes in your insurance coverage or employment.
- A **40% service fee** will be added to your balance if your account is turned over to a Collection Agency.
- **Should you receive a check from you medical and/or dental carrier, it is your responsibility to endorse the check for deposit to Advanced Oral and Maxillofacial Surgery. Make a copy of the explanation of benefits you receive and forward that along with the check. Keep the original for your records. Your account will be sent to a Collection Agency if you receive an insurance payment and fail to forward it within 15 business days, at which time a service fee will apply.**

Our office will assist you with a predetermination of benefits and **ESTIMATED** expenses for treatment. We also furnish sufficient documentation to assist you in obtaining benefits you are entitled to. Thank you for your cooperation.

Please sign the space below to acknowledge you have read and understand this financial policy.

Patient or Guardian Signature

Date

Witness

Date