



Financial Policy

Our mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care easy and manageable for our patients by offering several payment options.

Payment Options: Check, Cash, Visa, MasterCard and CareCredit.

Payment is required prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

Same day procedures will be paid in full. A claim will be sent to your insurance, and any refunds will be sent when payment is received.

We are not Medicare providers and will be unable to bill for any procedure, including Medicare supplements.

Transfer of accounts to an outside collection agency for unpaid balances will result in a 30% interest fee added to your balance.

A fee of \$30.00 will be charged for returned checks.

****Please note: We will be more than happy to assist in the filing of the insurance claims. However, there may be a certain percentage to bring on the day of surgery and any unpaid claims by your insurance company after 60 days become your immediate responsibility.**

Signature of Patient/Guardian

Date

OVER →

Notice of Privacy Practices

As required by law, all medical/dental offices have to inform you in writing of information concerning privacy issues and concerns. This office has provided the opportunity for me to read such notice.

By signing this form you enable Port Royal Oral Surgery to discuss information with your insurance company, guarantor, and/or dentist. This includes the billing of insurance companies on your behalf.

Signature of Patient/Guardian

Date

FOR OFFICE USE ONLY

Our office attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

1. Individual refused to sign
2. Communication barrier
3. An emergency situation prevented us from sharing this information
4. Other: _____

If signature was refused, this office requires two signatures:

1. _____
2. _____