



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 collected at the time of surgery is an **estimated deposit**. The deposit amount is based on information given over the phone or online by the insurance information you have provided to our office. **THIS IS NOT A GUARANTEE** of payment. If the insurance company pays less than anticipated, or denies the claim, you will receive a statement and will be responsible for the balance. If the balance is not paid within 120 days it is subject to a collection fee and collection agency. During the 120 days, a service fee of \$10.00 will be charged monthly. If your account has been sent to a collection department we may require that you pre-pay for future visits with us even if you have paid the past amount.

Cancellation of surgical appointments is costly and unfair to other patients. We will charge a **\$150.00** fee for appointments cancelled without a **24 hour notice**. You may be required to prepay the full amount of your surgery before rescheduling.

Same day procedures will be paid in full. A claim will be sent to your insurance company, 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.

We will be more than happy to assist in the filing of the insurance claims, however ultimately you are responsible for all charges regardless of insurance coverage.

I have read and understand the financial policy of Port Royal Oral Surgery.

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. _____