

Insurance and Financial Policies

Our practice strives to treat our patients with the best possible care under all circumstances. We are committed to offering you a range of treatment possibilities, and can often tailor these options to best fit your needs.

Missed Appointment and Late Cancellation/Reschedule Policy: A missed appointment is costly to a physician practice, patients, and the industry of healthcare. Missing an appointment may pose a serious health risk to you and is unfair to other patients who have been waiting to get an earlier appointment. Our policy is to charge for missed appointments. We ask that if you must cancel or reschedule your appointment to notify us no later than three business days in advance to avoid missed appointment fees. Missed appointment charges are your responsibility and will be billed directly to you. Appointments will not be rescheduled until payment is received for missed appointments. Please know that we may elect to terminate your relationship with the practice for missed appointments.

Consultation Visit Missed Appointment Fee Schedule:

First Missed Appointment	Second Missed Appointment	Third Missed Appointment
Warning – No Charge	\$100.00	\$100 + Possible termination from the practice

Procedure Missed Appointment Fee Schedule

First Missed Procedure	Second Missed Procedure
\$200.00	\$200 + Possible termination from the practice

<u>Insurance:</u> We kindly ask that you provide us with your dental and medical insurance information prior to your appointment. Some oral and maxillofacial surgical procedures are covered by both types of insurance. If this information is not available, payment is due in full at the time of service.

Out of courtesy for our patients, we will submit a claim to your insurance company on your behalf for services provided to you by one of our providers. Please note, there are some plans that we are unable to submit claims for and payment may be due in full. Although we are contracted with several medical/dental insurance companies, it is your responsibility to make sure that our providers are in your plan. Your insurance company will be able to inform you as to whether or not we participate in network or out of network. Please be aware that your insurance policy is a contract between you and the insurance company, not Oral & Maxillofacial Surgery Associates.

We gladly offer pre-treatment estimates for many procedures, but please be aware that charges and benefits may differ depending on the nature of your procedure. At time of service, you will be responsible for all fees that are not covered by your insurance, including co-pays, deductibles, co-insurance and non-covered services or items received. We strive to be as accurate as possible in calculating your responsibility but, with so many variations in policies and fee schedules, we are not always exact. If, after we receive a response on claims sent to your insurance carrier, we determine that a patient balance or refund is due; we will send you a statement or refund in the mail.

<u>Self Pay:</u> We welcome self-paying patients when insurance coverage is not available for our services. Patients without insurance are responsible for paying in full at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our Billing Department.

<u>Medicare</u>: Effective July 1, 2009 our practice no longer participates with Medicare. This does not mean you cannot be treated at our office. What it means is that you are fully responsible for payment of services rendered by Oral & Maxillofacial Surgery Associates and any associated lab fees. We will not submit any claims to Medicare or any Medicare related insurance(s) and no Medicare reimbursement will be provided for these services.

Accident/Worker's Compensation: If your injury is a result of an accident and/or happened in your work place, please inform the receptionist immediately. We will gladly file a claim on your behalf, but in order to do so, you must provide us with all of the claim information prior to your appointment.

Lab Work: All services that require lab work will be billed by the contracted lab. You may receive a bill from Strata or NorDx. Please contact their billing department prior to calling our office. We do not have access to their billing information.

<u>Medical Records:</u> We will provide you a copy of your medical records upon request. Depending on the nature of your request, we may need you to sign a letter of release prior to having your records copied and you may be subject to a fee. Please allow up to 30 days for this request to be processed.

<u>Acceptable Payment Types:</u> We accept payments in the office, by mail, online via our website, and over the phone.

- Cash
- Personal Checks
- Debit and Credit Cards: Visa, Mastercard, Discover and American Express.
- Apple Pay
- Care Credit
- Lending Club

Returned Checks: A \$25 charge plus bank fees will be assessed for any returned checks.

Billing: If you receive a bill from us, it is because we believe the balance is your responsibility. Insurance companies are required to pay claims within 30 days. Please contact your insurance company first, if you think there is a problem. If you have any questions about your bill, please call our billing department immediately 207-772-3027.

<u>Collections:</u> If you do not pay your balance within 30 days of receiving your first statement then we will begin the collection process. You are responsible for all collection fees should your account be submitted to collections. If there are any questions about a bill that you receive, please contact us immediately.

Our Billing Department is available Monday - Thursday 8:00am - 5:00pm and Friday's 8:00am-3:00pm. The direct telephone number is 207-772-3027. We appreciate the opportunity to care for you and encourage you to contact us if you have any questions regarding our policies. Thank you.