NORTHEAST ORAL SURGERY AND DENTAL IMPLANT CENTER

PATIENT FINANCIAL POLICY

Payment is expected at the time of service for any office procedure, including consultation and x-rays. For patients covered by a medical/dental insurance plan, we will assist you in filing your insurance forms. Please note that insurance rarely pays the entire treatment balance, even if your policy states "100% coverage".

At Northeast Oral Surgery and Dental Implant Center we charge for all consultations and x-rays, just as we charge for all surgical procedures. If we do not collect a fee at your consultation it is because we are billing your insurance company. If you insurance company does not cover your consultation or x-ray, it is your financial responsibility. If you have any questions regarding this, please speak with a staff member and they will happy to answer any questions you have.

To assist our patients, an "Estimated Treatment Plan" will be created. This generally takes two weeks to process. You will be required to pay the amount not covered by your estimate. Account balances cannot be finalized until treatment has been performed and payment has been received from your insurance carrier.

All account balances are ultimately the responsibility of the patient or guardian. Our experienced staff is here to assist you. Patient, parent or guardian signature is required before treatment begins.

If you have overpaid based on the Estimated Treatment Plan, you will receive a prompt refund from our office.

If your account has a remaining balance it may be paid by cash, check, debit card, Visa, MasterCard, Discover, American Express or CareCredit®. You will receive a statement from our office, which is payable upon receipt. *Overdue accounts will be sent to an independent collection agency and/or small claims court.*

Any separated or divorced parent accompanying a dependent child for treatment will be considered to be the financially responsible guarantor.

I understand the payment policy and have read it in its entirety. I herby authorize the release of pertinent medical information necessary for my treatment. I verify that the information I have provided is accurate.