

## Financial Policy

We require payment for examination and X-ray fees at the time of service. Payment can be made with cash, personal single-party check, MasterCard or Visa. We require a 50% down payment for surgical procedures with verifiable proof of insurance coverage, or 100% payment from patients without verified insurance coverage. If the insurance payment to our office is greater than your remaining balance due, a refund will be made to the guarantor of the account. Please note that refund checks are processed at the end of the month and distributed by the 5<sup>th</sup> of the following month.

We realize that the timing of some major procedures may not fall at a good time for you financially, and our office policy provides some flexibility in that regard. If you have insurance, we would be happy to file a pre-treatment estimate in order to obtain advance information on their liability for the services to be provided. Please be aware that it can take four to six weeks for the insurance company to process pre-treatment estimates.

Many people have both medical and dental insurance, either through individually purchased policies, or policies provided by their employers. The insurance that you have is a contract between yourself and your insurance company. If you will provide us with the correct information, we are happy to file claims for the services we provide. Please realize, however, that we have no control over what your insurance company covers or how much your insurance company will pay for a given procedure.

Many times an insurance company will state that a surgical procedure is “covered” by the policy, but will not tell you (or us!) exactly how much they will pay until after the service has been rendered. Your insurance company may consider a procedure covered even though they pay only a very small portion of the charge.

For example:

A surgeon may charge \$2,000.00 for a certain procedure.

The insurance company may allow and pay only \$20.00 for that same procedure.

The patient must pay the balance of \$1,980.00.

Even though the insurance paid only 1% of the fee, they have considered it a “covered” benefit.

Given this example, and the fact that there are thousands of different insurance companies and plans, it is important that you understand the benefits available for your particular insurance coverage. It is especially important to know whether your plan requires obtaining authorization prior to treatment or not. Since we do not participate with HMOs, PPOs or DMOs, securing any necessary authorization for treatment is your responsibility.

**Please also be aware, that many insurance plans specifically exclude benefits for oral surgery, and many insurance plans have maximum annual benefit amounts. Note that, in some cases, when benefits have been denied, you have the opportunity to file a formal written appeal to your insurance company.**

**If your insurance carrier does not remit payment on your behalf within 60 days, the entire balance due is your responsibility. We recommend that you follow-up with your insurance carrier to inquire about the status of your claim approximately 30 days after the claim was made.**

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We are providing you with this information, so you will understand that **you, and not your insurance company, are responsible for payment of our professional services.** Regardless of insurance benefits, please be prepared to pay the entire amount. To prevent you from being surprised by the amount you will need to pay, and to give you the opportunity to plan and prepare your finances, we encourage a frank discussion of fees prior to receiving our services.

It is our policy that the parent requesting treatment for a dependent is responsible for payment of services.

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**I have read this “Financial Policy” and understand that payment of all fees is my financial responsibility.**

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Responsible Party Signature

Date

Witness Signature

Date

**TO INSURANCE COMPANIES:**

You are hereby authorized to pay directly to Dr. Steven H. Davis, and I further authorize the doctor to give a report of my condition to you upon request in writing.

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Responsible Party Signature

Date