



**THREE RIVERS**  
Oral & Facial Surgery

**FINANCIAL POLICY**

We share the concern of our patients about the increasing cost of dental and medical care. Our fees are comparable to the usual and customary charges made by Oral and Maxillofacial Surgeons in our area. These charges are based on doctor's costs, time, and skill involved. You will be quoted usual & customary fees for your expected first visit and given a written **estimate** of the expected charges for your specific treatment plan before treatment has started.

Accounts with a returned check will be charged a **\$25.00** returned check fee. Accounts with a credit card charge back will be charged a **\$200.00** fee. Accounts with balances over 90 days will be considered overdue and an interest charge of 1.5% monthly (18% annual) will be applied each month, with a minimum charge of \$1.00. Any accounts sent to a collection service will incur an additional **\$75.00** processing fee.

**FOR PATIENTS WITHOUT INSURANCE**

Patients without insurance coverage are requested to pay their charges at the time the service is provided. We accept cash, check, VISA, MC, Discover, Apple Pay and American Express. We also offer Care Credit and we will be happy to assist you in filling out the application.

**FOR PATIENTS WITH INSURANCE**

**Patients with insurance coverage are asked to pay their estimated portion at the time service is provided. Please remember that insurance estimates are based on verbal information provided by your insurance company and are not a guarantee of payment. The amount of insurance coverage is an ESTIMATE ONLY, and may not reflect what your insurance carrier will actually pay. Final determination will be made by the insurance company once the claim has been processed.**

We will gladly discuss your treatment with you and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Not every service is a covered benefit with all insurance contracts. Some insurance companies are selective in what services they cover.
3. Services cannot be provided on the assumption that the charges will be paid by the insurance company; **therefore, the patient is responsible for the bill, regardless of insurance coverage.**

If a payment from your insurance company results in a credit balance, a refund will promptly be sent to you.

Three Rivers Oral & Facial Surgery does not participate in **Medicare or Medicaid** Programs and per Medicare guidelines the Practice is not able to bill for Medicare services provided to you outside of a contract. I understand that by having services or treatment provided to me by the Practice, I agree to the Financial Policy in its entirety and I understand that I personally cannot bill Medicare for these services either. I acknowledge that I have the right to seek treatment or services from another provider for whom Medicare coverage and payment may be available.

I hereby assign to Three Rivers Oral & Facial Surgery the insurance benefits which are otherwise payable to me for the charges and direct that insurance payments be made directly to TROFS. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. **I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize assignee to release all information necessary to secure the payment.**

I hereby authorize Three Rivers Oral & Facial Surgery to release all chart notes and radiographs to my physician and or dentist.

**DATE:**

**Signature of responsible party**