

## ***Financial Policy – Prairie Oral Surgery***

### **Thank you for choosing Prairie Oral Surgery**

Thank you for choosing Prairie Oral Surgery as your health care provider. We are grateful that you are entrusting your care to us. Please understand that payment of your bill is considered part of your treatment experience. The following is a statement of our Financial Policy. We require that you read and sign your agreement.

### **You Are Responsible for Your Bill**

As the recipient of our services, you are responsible for the charges associated with each of the services you received during the course of your treatment. You (or your guardian, if you are a minor), must pay for the services you receive from our office. Many patients have insurance, financial support from family members, or non-resident persons who may pay all or a portion of your bill on your behalf, but you remain legally responsible for your bill.

### **Payment for Our Services is Due on the Day You Receive Services**

Payment for our services is due on the day you receive the services. If you have no insurance, the entire amount of your bill will be due on the day of your appointment. If this amount is difficult for you to pay out of pocket on the day of your appointment, we have several financing plans available to you outside of our practice. We are unable to finance your treatment through our office. Our office provides medical services, banks provide financing services. You cannot pay your bill “over time” or “on account” through our office. We would be happy to help you obtain financing for our services before treatment is rendered through several financing companies we work with.

### **If You Have Insurance**

If you have dental or medical insurance, we will assist you in receiving the maximum allowable benefits available under your insurance policies. We will file a claim for services on your behalf, and in many cases we can receive some payment directly from your insurance company. However, you remain responsible for your bill, not your insurance company. If, after a reasonable amount of time, we are unable to receive payment for services on your behalf after following normal claim submission procedures, we will expect payment in full from you.

### **We Will Collect the Estimated Amount You Will Owe at Your Appointment**

Depending on your insurance, we will collect on the day of your appointment the amount estimated to be your responsibility. We determine this amount by estimating the services and charges we think you may receive and then subtract the amount we believe your insurance company may pay on your behalf (based on the insurance information you give us). We then ask you pay the remainder on the day you receive services. You may require additional services (or fewer services), in which case your charges may be greater or less than our estimate. Please keep in mind that this is only an estimate and we cannot pre-determine the exact services you will require or guarantee the final payment amount from your insurance companies.

### **Questions? Please Ask Our Staff**

Our staff is trained to answer your questions regarding your bill and payment arrangements. We do our best to stay on top of insurance plans and would be happy to help you try to understand all of the confusing details and provisions found in many insurance plans. We don't mind talking about money and bills, so please, feel comfortable discussing our charges and your bill.

***“I have read and understood this Financial Policy and agree to its provisions”***

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient - Parent or Guardian, if minor)

Signatory's Social Security Number \_\_\_\_\_