



Financial Policy

The charges for service at this office are your responsibility.

Please be advised that although the courtesy of checking your insurance coverage is extended, **this is not a guarantee of an insurance payment.** Any benefits verified could change if you have any existing claims for another provider that have not yet processed. We can give general guidelines about your benefits, but it is absolutely essential that you take the time to call your carrier. It is your responsibility to be aware of the limitations and benefits of your plan. When you call, please record the name of the person you spoke with, as well as the date and time in case there is a dispute later. If your insurance company requires a referral, make sure you call your primary care physician or dentist prior to coming in for your surgery appointment to obtain one.

We are always here to help you. If you have any questions, please feel free to call us. If you have not received a call from us about your out-of-pocket expenses due at the time of surgery, please call our office 1 week before your scheduled appointment.

On the day of surgery, please bring the estimated amount that was quoted. Please note that if a check or credit card payment is being made by someone other than the patient, that individual check or credit card holder must be present.

If for any reason your account is left unpaid and placed with an outside agency for collection, you will be responsible for any collection agency fees, attorney fees, court costs, etc.

I have read the financial policy of **Innovative Oral Surgery & Dental Implants** and agree to the terms set forth herein.

Print Name

Signature

Date