

Huntsville Oral and Maxillofacial Surgery Associates, P.C.
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OFFICE POLICY

WHILE WE ARE HAPPY TO BILL YOUR INSURANCE COMPANY FOR SERVICES RENDERED BY OUR OFFICE, YOU MUST UNDERSTAND THE LIMITS OF OUR RESPONSIBILITY. WE CAN IN NO WAY GUARANTEE THAT YOUR INSURANCE WILL PAY THE AMOUNT QUOTED TO US BY ONE OF THEIR REPRESENTATIVES, NOR CAN WE GUARANTEE THAT THEY WILL PAY AT ALL. WE WILL MAKE EVERY ATTEMPT POSSIBLE TO OBTAIN YOUR INSURANCE BENEFITS, HOWEVER, THE RESPONSIBILITY FOR PAYMENT OF OUR CHARGES REMAINS YOUR RESPONSIBILITY. THE CHARGES FOR SERVICES RENDERED TO YOURSELF OR YOUR DEPENDENT(S) ARE YOURS COMPLETELY. AS A COURTESY TO OUR PATIENTS WE WILL BILL MOST INSURANCE CARRIERS FOR PAYMENT, ALLOWING THE PATIENT TO PAY ONLY THE ESTIMATED PORTION THAT IS PROBABLY NOT COVERED. IF FOR SOME REASON, I.E.; DEDUCTIBLE NOT MET, MAXIMUM BENEFITS PAID, OR FEES OVER THE INSURANCE CARRIERS UCR, ETC., YOUR INSURANCE DOES NOT PAY THE FULL AMOUNT EXPECTED, YOU WILL BE FINANCIALLY RESPONSIBLE FOR THIS BALANCE.

THE ONLY FORMS OF PAYMENT THAT WE ACCEPT ARE: VISA, MC, DISCOVER, CASH, MONEY ORDER OR A PERSONAL CHECK WRITTEN ON A LOCAL BANK. BECAUSE OUR CHECKS ARE CONVERTED TO ELECTRONIC FUNDS TRANSFER, WE CAN ONLY ACCEPT THE CHECK DIRECTLY FROM THE CHECKHOLDER.

THE ONLY WAY THAT WE CAN ASSIST YOU WITH FILING YOUR INSURANCE CLAIM AND WAITING FOR THEIR EXPECTED PAYMENT IS FOR YOU TO COMPLETELY UNDERSTAND OUR POLICY, AS OUTLINED ABOVE. SHOULD YOU HAVE ANY QUESTIONS REGARDING YOUR INSURANCE BENEFITS, PLEASE SPEAK WITH OUR RECEPTIONIST OR OFFICE MANAGER. THEY WILL BE HAPPY TO TRY AND EXPLAIN THIS POLICY AND YOUR POTENTIAL INSURANCE BENEFITS.

******OF COURSE, IF YOU ARE A MEMBER OF A PPO GROUP AND THE SERVICES WE WILL BE PROVIDING ARE PAID UNDER ONE OF THESE PPO'S, YOU WILL ONLY BE EXPECTED TO PAY THE AMOUNT THAT WE HAVE AGREED TO CHARGE THROUGH OUR CONTRACT WITH THIS INSURANCE COMPANY. IF YOU BELIEVE THAT YOUR CHARGES MAY BE COVERED UNDER ONE OF THESE PPO'S, PLEASE INFORM THE RECEPTIONIST.**

DUE TO THE CONSIDERABLE AMOUNT OF TIME REQUIRED TO COMPLETE FMLA/DISABILITY PAPERWORK, A FEE OF \$20.00 *PAYABLE BY CASH ONLY* WILL BE CHARGED. THIS FEE MUST BE PAID AT THE TIME THE REQUEST IS MADE. ONLY THE TREATING PHYSICIAN CAN DECIDE IF YOUR PROCEDURE QUALIFIES FOR FMLA/DISABILITY. IN THE EVENT IT DOES NOT QUALIFY, YOUR \$20.00 WILL BE RETURNED WITH YOUR UNCOMPLETED PAPERWORK. THIS PAPERWORK CAN ONLY BE COMPLETED AFTER YOUR PROCEDURE HAS BEEN PERFORMED.

SIGNATURE OF PATIENT/GUARDIAN

DATE