Financial Policies & Insurance Information

It is the responsibility of the patient or patient's responsible party to pay all fees associated with services rendered as outlined by our policies below. It is the responsibility of the patient or patient's responsible party to pay any deductible amount, co-insurance, or any other balance not paid by insurance coverage. Patient or patient's responsible party with be responsible for all collection costs, attorney's fees, and court costs associated with unpaid accounts.

Policies

At Athens Oral Surgery Center, we require a deposit due at the time of treatment consisting of:

- -If one of the insurances that we participate with, the amount of your copay.
- -40% of total treatment fees if insurance other than one with which we participate.
- -50% of total treatment fees if no insurance coverage.
- -For implant procedures, payment in full, excluding expected insurance coverage.

Any account balance that remains following deposit at time of treatment, and any insurance payments is expected to be paid in full within 90days. A monthly statement of your account will be mailed detailing fees, payments and any outstanding balance.

*A late fee of 20% of the remaining balance will be added to any account not paid in full within 90 days.

We ask that any patient wishing to change their scheduled procedure appointment notify us as soon as possible. Any patient who fails to notify our office of a change to their scheduled procedure appointment within 2 business days prior to the scheduled appointment and fails to appear for that appointment will be charged a fee equal to 10% of the planned procedure cost.

Insurance

At Athens Oral Surgery Center, we participate with several insurances, including:

Medical: Blue Cross Blue Shield (PPO, POS, HMO), NOT BCBS Pathway.

<u>Dental:</u> MetLifeDental, Delta Dental, Cigna Dental, Aetna Dental, Blue Cross Blue Shield Dental, United Concordia, Ameritas Group (Principal, Reliance Standard, Standard Ins. Co., Health Plan Services, Security Life), Aetna Dental (Guardian, Assurant, Coventry Dental, Sun Life), Dentemax Network.

For those plans with which we do not participate, we will gladly submit claims on your behalf.

Insurance plans and coverage vary considerably. We strongly suggest you investigate your coverage specifics prior to undergoing any treatment.

I have read, fully understand, and agree to the above financial policies, and also agree that I am fully responsible for the entire cost of all services rendered by Athens Oral Surgery Center, **including any balance remaining after my insurance has met its obligations.**

<u>(</u>		
Signature Patient/Resp. Party	Printed Name	Date