SOUTHERN WEST VIRGINIA
ORAL & MAXILLOFACIAL SURGEONS, LTD

Southern West Virginia
Oral & Maxillofacial Surgeons, LTD

Financial Policy

This is an agreement between Southern West Virginia Oral & Maxillofacial Surgeons, as creditor, and the Patient/Debtor named on this form.

Payment Options

If you have no insurance or have insurance that we do not accept:

Payment is expected at the time of service by cash, check, Visa, MasterCard, and American Express, Discover, or Care Credit.

If you have insurance that we participate with:

1. Payment for initial consultation and necessary x-rays are payable in full at the time of service.
2. If we are able to verify insurance, payment of deductible, co-payments and non-covered services are expected at the time of service.

If you have insurance that we do not participate with but do accept:

1. If we are able to verify insurance- payment of deductible, co-payment and non-covered services are expected at the time of service. Non-participating plans are subject to a 20% co-payment or higher depending on your plan provisions.

Financing Treatment Fees or Balances: Patients wishing to finance treatment fees may be eligible for commercial financing. Please request details from our front staff. We offer special financing through Care Credit. (If your application is NOT approved you must be prepared to pay your balance in full at time of service.

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract. Although we estimate what your insurance company will pay, usually it is the insurance company that makes the final determination of your eligibility and coverage. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it prior to rendering treatment. If for any reason we have not received payment from your insurance company within forty-five (45) days of filing a valid claim, you will be responsible for paying your balance in full. If we receive payment from your insurance company after you have paid your balance in full, we will be happy to credit your account for future services or issue a refund check for the overpayment amount to you. **REFUNDS ARE ISSUED ON A THIRTY (30) DAY BILLING CYCLE.**

Non Refundable Deposits: Certain special procedures may **require a non-refundable deposit**. Implants: **A 25% non-refundable deposits must be made before surgery appointment is scheduled. Other larger cases over $2500 require 25% deposit prior to scheduling.**

Out-Patient Hospital Surgery: **A non-refundable hospital fee of $392 is required to scheduling an out-patient surgery.** If you have insurance, there will be an additional co-pay. If you have an insurance policy that we do not accept or you have no insurance, full payment is expected at time of scheduling.

Monthly Statements: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account and any payments or credits applied to your account during the month.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs, which are incurred. If we have to refer collection of the balance to an attorney, you agree to pay all attorney fees, which we incur, plus all court costs. In case of lawsuit, you agree the venue shall be in Nicholas County, Raleigh County or Mercer County, West Virginia from whichever office the service was provided and the fee was billed.

Finance Charge: A finance charge will be imposed on each item of your account, which has not been paid within thirty (30) days of the time the item was added to the account. The Finance charge will be computed at the rate of one and a half percent (1.5%) per month or an Annual Percentage Rate of (18%) percent. The finance charge on your account is computed by applying the periodic rate (1.5%) to the overdue balance of your account. The overdue balance of your account is calculated by taking the balance owed thirty (30) days ago and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is fifty cents ($.50) per month.

Returned Checks: There is a fee (currently fifty ($50) dollars) for any checks returned by the bank or Telecheck for insufficient funds.

Divorce: In case of divorce or legal separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a minor child or dependent will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility, not our office personnel's duty to collect from the other parent.

Waiver of confidentiality: You understand if this account is submitted to an attorney or collection agency, or if we have to litigate in court, or if you past due status is reported to a credit reporting agency, the fact that you received treatment at one of our offices may become a matter of public record.

Credit History: By requesting the use of our credit program(s) you are giving us permission to check your credit and employment history and you are also acknowledging to truthfully answering questions about your previous credit experience. We reserve the option to report your account status to any credit reporting agency such as credit bureau, or lending firm.

Transferring of Records: You will need to request in writing, and pay a reasonable copying fee (currently $.75/page) if you want to have copies of your records sent to another doctor or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history. We comply with all HIPAA privacy regulations.

I do understand that the fees quoted and my deposit are only an estimate; not a guarantee of benefits from my insurance carrier, and I may have a balance after my insurance pays and I confirm this with my signature below.

click hereto digitally sign this document

Signature of Guarantor

click hereto digitally sign this document

Date

click hereto digitally sign this document

Witness Signature