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715-834-8414

Oral and Maxillofacial Surgery Associates Financial Policy

Please read this policy carefully.

Thank you for choosing our office for your oral surgery and endodontic needs. Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care. We are always available to answer your questions.

For our patients with insurance: We are happy to assist you in filing the necessary forms to help you receive the full benefits of your coverage. **When you made your appointment, we advised you that it is your responsibility to contact your insurance company to verify that our office is a current in-network provider and to verify your insurance coverage.**

Because we are not a party to the agreement between you and your insurance carrier, we are not responsible for how much or when they pay your claim. We expect patients to be interactive and responsible for communicating with their insurance carrier on all open claims. You are responsible at the time of service for payment and any estimated balance not payable by your insurance company. You may receive statements from us prior to your insurance paying on your claim.

Please be aware that out-of-network insurance carriers often prohibit assignment of benefits and may limit their financial responsibility with arbitrary limits, exclusions or reductions such as reasonable and customary. You as the guarantor are responsible for all out-of-network fees, we can not negotiate reduced fees with your carrier.

If you are unsure of your coverage, we recommend that you make a consultation appointment prior to the treatment and we can send in a written pre-treatment estimate to your insurance company. The remainder of the bill is to be paid within 45 days, we accept credit cards (listed below), checks and cash. We also offer interest free financial arrangements through CareCredit.

For our patients without insurance: If you do not have insurance coverage, full payment will need to be made at the time of service. We accept cash, checks, credit cards or CareCredit.

Payment information

- Guarantors/accompanying parents or legal guardians are legally responsible for all charges and billing balances for minor patients whether or not you have insurance.
- We accept Visa, MasterCard, Discover, and American Express, CareCredit, checks and cash.
- CareCredit credit card
 - For information and/or to apply go to www.carecredit.com or call 1-800-677-0718. There is a link on our website.
 - Interest free promotional rates are offered up to 12 months for amounts more than \$200 or there are reduced APR fixed monthly payments available for amounts of \$1000 or more.

Discounts

- We offer a 5% discount if you pay your account in full the day of treatment or a 10% discount if you are 65+ or you have a current military ID. **You must pay with cash or check to receive any discount.**
 - **We cannot discount dental implants or related charges.**
 - **Payments using a credit card or CareCredit are not eligible for any discount.**
 - **Only one discount applies.**
 - **If you receive a discount, we can not file a claim with insurance.**

Other

- A \$50 service charge will be applied for returned checks. Patients are responsible for all non-payment fees (debt collection, NSF, attorney, etc.)

If you have any questions, please call our insurance and billing department at 715-834-8414. All billing disputes must be received within 30 days of the first statement.

Patient or Guarantors Signature: _____ Date: _____

I acknowledge and understand Oral and Maxillofacial Surgery Associate's financial policy.