

DANIEL J. MAHAR, D.D.S., PA
South Wake Oral Surgery & Dental Implants

FINANCIAL POLICY

Thank you for choosing South Wake Oral Surgery & Dental Implants. We are committed to providing the best care for our patients and making your experience a positive one in every way we can.

Payment Policy: We ask that you read through the financial policy and sign at the bottom prior to treatment. **Full payment is due at the time of service unless prior arrangements have been made with our office. We do require a social security number for ANY balances not paid in full by CASH. We accept CASH, CHECKS from local banks, or CREDIT CARDS. Any balance that we submit to your insurance carrier is due to us, by you, if we have not received payment from your insurance carrier within 90 days of surgery. Balances will be applied to the card provided in our Financial Consent Form. *If you have insurance and are not paying the entire balance today, we do require that you fill out the Insurance Assignment of Benefits Financial Consent Form. We do not send statements.***

We can also give you information about Care Credit, a patient financial plan.

There is a \$30.00 fee charged for checks returned due to insufficient funds, or denied cards from the Financial Consent Form. You are responsible for any fees incurred in obtaining any unpaid balances which may include billing, collections or attorney fees.

Regarding Insurance: We participate with a number of dental insurance plans that we will contact to verify eligibility and benefits and strive to do so as accurately as possible, however you are encouraged to call your insurance to obtain benefit information. Some services **may not be** covered by your plan such as exams, nitrous or anesthesia depending on how your contract is written and you will be responsible for any out of pocket expenses up front. We will submit to most insurance plans as a courtesy to you and if we don't participate with your plan, payment *may* be sent directly to you. Your insurance policy is a contract between you, your employer and the insurance company; we are not a party to that contract, and do not have the power to make the insurance company pay. You are responsible for providing the office necessary information concerning your insurance. If accurate information is not provided, this can delay payment - *regardless of benefits or coverage you are responsible for any amount unpaid by your insurance within 90 days of services.*

MEDICARE beneficiary's: We do not participate with Medicare and therefore you are responsible for the balance in full. You are responsible in obtaining any information in regards to where your claim form must be sent and submitting the claim yourself. Because we do not participate, we do not have that information available. Medicare is usually primary and all other secondary medical insurance will not be billed thru us.

Insurance Referrals: It is your responsibility to obtain a referral from your Primary Care Physician before seeking treatment from us, if your plan requires it. If a claim is denied due to a lack of referral you will be responsible for the charges.

Interest: Interest at the rate of 1.5% per month or 18% per annum will be charged on balances unpaid after 30 days.

Missed Appointments: We do expect 48 hours notice of cancellation, as a courtesy to the Doctor's, Staff and Other Patients.

Minor Patients: Parents or guardians are responsible for all charges for minor children.

Please let us know if you have any questions regarding our Financial Policy.

I have read the Financial Policy; I understand and agree to this Financial Policy.

X _____
Signature of person financially responsible

X _____
Please print full name

Date