



Office Financial Policy

Knoxville Oral & Maxillofacial Surgery

We offer the following financial options for our patients to pay for their surgery within our office:

- Cash or personal check (no third party checks or post dated checks will be accepted, a \$25.00 fee will be assessed for any returned checks)
- VISA or MasterCard
- Outside financing from a bank, finance company, or institution cooperating with our office
- Insurance
 - Dental insurance is usually filed for oral surgery procedures. In some cases, medical insurance will cover the removal of impacted wisdom teeth.
 - Proof of insurance is required at the time of consultation. If you do not have proof of insurance you will be asked to pay for your visit and we will gladly file your insurance once we receive the information.
 - Remember, for any medical insurance that is filed by our office a referral form is required from the primary care physician or the claim will not be paid.

SURGICAL DEPOSITS:

A deposit will be estimated and due the day of your surgery. This is only a deposit. Once your insurance pays there is almost always a balance which you are responsible for. Although our office as a courtesy will bill your insurance, you, the patient are ultimately responsible for payment of the entire bill. If we do not receive payment from the insurance company within thirty days of billing, you will be billed and payment will be expected. There will be a \$125.00 fee charged for patients who do not give a 24-hour cancellation notice.

COLLECTION:

In the event that the account, including any approved service charges, is placed in the hands of a collection agency or attorney, the patient (or parent) agrees to pay an additional 40% of the balance due towards collection costs, including a reasonable attorney's fee and court costs.

SERVICE CHARGE:

In accordance with the terms of your contract, if the account is not paid within 90 days (after the service is rendered), the account shall be subject to a service charge of one and one-half percent (1.5%) per month which shall be compounded.

I have read, understand and agree to comply with the above statements.

Signed

Date