

HARBOR LIGHT ORAL & MAXILLOFACIAL SURGEONS, INC.

*Thomas P. Sydlowski, D.D.S. Patrick J. McCabe, D.D.S.
Brian M. O'Neill, D.D.S. Matthew K. Holdship, D.D.S., M.D.*

FINANCIAL POLICY AGREEMENT

Thank you for choosing us as your oral surgical specialist. We are committed to providing excellence in care and treatment. Please understand that your financial responsibility is part of your treatment.

- All patients must complete our patient information, health and insurance forms prior to treatment. If we have mailed these forms to you, please return them to the office where you are scheduled prior to your appointment.
- Please have your medical and dental insurance cards available at your appointment.
- If your dental or medical insurance requires a referral for treatment, it is your responsibility to contract your dentist or physician for the referral to be sent to our office. Without the appropriate referral, we may not be able to perform treatment the day of your appointment, or you may be responsible for charges otherwise covered by your insurance.

Regarding Insurance

- We would appreciate payment of your charges for your initial consultation and x-rays, as necessary, on the day of your appointment. We will provide you with the appropriate information for reimbursement from your insurance company.
- Following your initial visit to our office and the opportunity to discuss your specific treatment and coverage with your insurance company, we most often will accept assignment of benefits.
- Any deductibles and co-payments are to be paid at the time of service.
- If there is a balance to your account after insurance payment has been received, it will be due and payable within 30 days.
- If we have over estimated your co-payment for services, we will reimburse this to you within 30 days.
- Your insurance policy is a contract between you and your insurance company. We are not party to that contract.

Patients Without Insurance or Non-Covered Procedures

- Patients are responsible for full payment at the time of consultation and/or treatment.

Payment Options

- We accept cash, check or money order.
- We accept MasterCard, Visa, and Discover.
- We offer monthly payment schedules through Dental Fee Plan, Care Credit or American General Finance. Ask us about the application process if you desire a payment plan.

Usual and Customary Rates

- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Cancellation of appointments

- Please give a 24-hour advance notice so we can schedule another patient in that allotted time.

Interest

- We reserve the right to charge interest in the amount of 1.5% as provided by state law 30 days after the last insurance payment.

Returned checks

- There will be a \$35.00 returned check fee assessed to your account. Please contact our office immediately for resolution.

Worker's Compensation

- We do accept Workers' Compensation. You must bring your claim information at your initial visit. After your consultation, decisions for possible treatment will be discussed.

Accident Cases

- We do not accept letters of protection from attorneys. Payment for services will be due at the time of treatment. We will provide you with forms for you to be reimbursed directly by your insurance carrier.