

Welcome to The Park Oral & Maxillofacial Surgery. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our **Patient Financial Policy** is important to our professional relationship. Please review the following information and ask if you have any questions about our fees, policies, or your responsibilities.

Payment Responsibilities:

- **Payment Due at Time of Service:** Payment is expected on the date services are rendered. We accept cash, credit cards, and debit cards. **We do not accept personal checks.** For minor patients, please ensure payment is sent with the accompanying adult.
- **Insurance:** Insurance is a contract between you and your insurance company. We will bill your primary insurance as a courtesy. The final determination of benefits is made by the insurance company. If the insurance company does not pay within 60 days, the patient is notified and responsible for the balance within 30 days. You are responsible for any balance after 90 days from the date of service if a claim remains unpaid.
- **Past Due Accounts:** All past due accounts must be settled within 90 days from the date of service. You will receive three notifications during this period. If payment is not made and no resolution is achieved, the account will be sent to a collection agency. We do not send accounts to collections while insurance claims are pending. If an account is turned over to collections, the responsible party agrees to pay collection fees up to 22% of the debt, and all related costs, including attorneys' fees. Additionally, a 1.5% per month (18% per annum) interest on the outstanding balance will be applied if sent to collections.
- **Deductibles and Co-Insurance:** You are responsible for paying any deductibles, co-insurance, or balances not covered by your insurance.
- **Late Cancellations, Rescheduling, and No-Shows:** A fee of \$150 will be charged for cancellations, rescheduling, or no-shows with less than 2 business days' notice. A credit card on file is required to cover these fees.
- **Automatic Processing of Balances:** Any account balance up to \$150 will be automatically processed using the credit card on file without prior notice. For balances over \$150, we will notify you before processing the payment. If you do not respond within 5 business days, the payment will be processed automatically. You will receive a receipt and an explanation of the charge immediately after it is processed.
- **Deposits for Scheduling Procedures:** A deposit of 10% of the procedure cost is required to schedule procedures. This deposit will be applied towards the total cost of the procedure. The deposit is non-refundable if the appointment is canceled or rescheduled with less than 2 business days' notice.

Patient Responsibilities:

- It is your responsibility to notify our office of any changes in your information (address, name, insurance details, etc.).