

Mark Cox, D.M.D.
Oral and Maxillofacial Surgery

OUR FINANCIAL POLICY
Please read carefully

Patient Name: _____

Date: _____

Basic Policy:

Payment in full is due at the time service is provided. Our office accepts cash, personal checks (with a valid driver's license) and all major credit cards. There is a \$25 returned check fee due and payable from you for each check payment returned to us by your bank. Accounts with balances outstanding after 30 days from the date incurred will be charged interest at the rate of 18% per annum; 1½ % per month. If your account becomes seriously delinquent and assigned to a collection agency or referred to an attorney, you may be liable for reasonable collection costs, court costs and attorney fees.

Surgery Fees:

All co-payments, deductibles, and payments for non-covered surgical procedures are due on the day of your surgery. Prior authorization may be required by your insurance carrier.

Patients with Insurance:

As a service to our patients, we will accept "assignment of benefits" and will bill all insurance carriers, provided proper paperwork is provided to us. We will also assist you in billing your secondary insurance carrier, if applicable, and in researching unpaid claims. ***Patients with Blue Shield FED are required to pay in full at the time of service.*** Patients with Humana, Guardian and Jefferson Pilot – please be prepared to provide your medical information as well. Every effort will be made to closely estimate your co-payments and deductibles which are due at the time of service, but the ultimate responsibility for any unpaid balance rests on you. ***Please understand that insurance is a contract between you and your insurance company.*** If an insurance carrier has not paid within 60 days of billing, any unpaid professional fees are due and payable in full from you. Insurance is not a guarantee of payment.

Non-Covered Charges:

Any charges not paid by your insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial.

Medicare Patients:

We are not contracted with Medicare, therefore; payment is due at the time of service.

Patient Signature / Parent Signature (if a minor)

Date