WHITEWATER
ORAL SURGERY GROUP

Our Financial Policy:

Thank you for choosing Whitewater Oral Surgery Group PLLC as your provider. The payment for dental and medical services is the patient's responsibility. Fees for your consultation, x-rays and any other diagnostic aids obtained during your first appointment are due at that time. If your surgery is not covered by insurance or if you desire to have your consultation and treatment performed on the same day(i.e. emergency patients), we will require payment in full. The fees quoted are an **estimate only**. If the procedure proves to be more complex than anticipated, the fees may be adjusted accordingly. The quoted fees will be honored for a period of 90 days. Our policy requires payment at the time the service is performed, unless prior arrangements have been made and agreed upon. We accept cash, checks, money orders, Visa, Mastercard, Discover and American Express credit and debit cards.

Your Insurance Coverage:

As a courtesy to our patients, we will file your insurance forms for you. Your insurance is an agreement between you and your insurance company. Your treatment plan is an agreement between you and Whitewater Oral Surgery Group PLLC and does not involve the insurance company, even when we file the insurance claim for you. You are responsible for any and all charges that are not paid by your insurance carrier, and your financial obligation to this office for payment is not dependent on the insurance coverage. If you have insurance, prior to services being rendered, we may contact your insurance company to obtain verification of your benefits. Based on that verification, we will estimate the total amount that you will owe after your insurance has made their payment. This estimated amount is due when services are rendered. (Insurance verification estimates are not a guarantee of payment by your insurance company and the amount due on your account may be less or more depending upon the actual processing of the claim at the time it is received.) Once insurance benefits are received, we will reimburse you for any overpayment or send you a statement for any remaining balance.

Some insurance companies and certain services require preauthorization or review. If you decide to proceed with your treatment before your insurance company has completed their preauthorization, you will be required to pay in full when the services are rendered.

Credit Option:

As a service to our patients, we are pleased to participate in third party financing. Should you be interested in financing your treatment, please feel free to ask for more details.

Additional Charges: The balance of any account not paid within ninety (90) days will begin to accrue interest at the rate of 1.5% per month. Minimum finance charge of $2.00.

NSF FEE: If payment is made by check and it is returned or declined for any reason, your account will be charged a Non-Sufficient Funds fee of $25.00.

My signature below indicates that I have read and/or had explained to me the above statement, that I understand it, and that I agree to abide by the conditions set forth therein.

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Signed by Patient (or Parent/Legal Guarding of Minor) Date