

## ORAL SURGERY & IMPLANT SPECIALISTS

### Financial Arrangements

We welcome and encourage frank discussion of services and fees prior to treatment in order to avoid misunderstandings.

The financial obligation for the treatment we render to you is your responsibility. **Payment in full is due at the time of treatment.**

**For your convenience, we offer the following methods of payment.**

- Cash, personal check, or money order
- Credit Card (Visa/ MasterCard/or Discover).
- Our office also provides a payment plan through a company called **Care Credit**; they can offer flexible payment plans with a line of credit dedicated to your health/dental care needs and completely separate from other credit cards.

### Insurance

As a courtesy, we will bill your insurance carrier for you. Our office will assist you with pre-determination of benefits and **estimated** expenses for treatment. We will also furnish sufficient documentation to assist you in obtaining the benefits to which you are entitled. Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment.

The estimated amount not covered by your insurance is due at the time of treatment and may be paid by any one of the above options. **Our estimates are subject to final approval by your insurance company; therefore, the amount due our office is subject to change.**

**My signature below represents that I have read and understand the terms and statements above. I agree to the above financial plan and will be responsible for payment of all fees for treatment.**

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Signature of Patient/Responsible Party

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Date

If you want us to file your insurance please fill out the complete insurance information page. Thank you.

*If you are unable to provide complete insurance information to us, payment in full is due at the time of services.*