



## **Financial Policy**

To give our patients the best care possible, it is important to help us maintain our records and keep our accounts current.

### **Insurance:**

If you have medical and/or dental insurance that will cover some of your charges, we will gladly assist you by billing them and providing the required documentation. Please note, however, that we are NOT providers and do NOT bill Medicare, Medicaid, CareSource or any other state aid insurance plans. Many procedures may require pre-authorization prior to surgery which may delay the planned procedure. Even though fees are carefully calculated, pre-authorization/pre-determination of benefits are only "estimates". You are responsible for payment of the portion of charges not covered by your insurance (i.e., deductible, co-payments and non-covered charges) at the time of service. In some instances, services or procedures not covered by your insurance company will be charged at the provider rate, not the contracted rate. Your insurance policy is a contract between you and your insurance company. You are personally responsible for payment of your treatment. We cannot guarantee insurance payment for your claims, even if pre-authorization is obtained.

### **Fees and Deposits:**

For dental implant surgeries, we require a \$500.00 deposit (per implant) in order to secure your appointment. The co-payment and non-covered fees are to be paid at the time of your surgery. If written pre-authorization has not been obtained from your insurance company providing an estimate of a covered amount, you are responsible for full payment.

### **Payment Options:**

We do not accept personal checks as payment on the day of service. We gladly accept Cash, Debit Card, Cashier's Check, Money Order, MasterCard, Visa, American Express and Discover for payment. Payment by Credit Card will incur a 3% non-cash adjustment fee. (A Debit Card with a PIN number will not incur this fee). In addition, Western Reserve OMS has relationships with third party credit lenders such as Care Credit to assist you with payment options.

There will be a \$35.00 fee for all checks returned to us. All delinquent accounts will be referred to collections and you will be responsible for any additional fees.

### **Appointments:**

Your treatment time is reserved exclusively for you and we have scheduled staff to be available for your appointment. We know your time is valuable, so please remember ours is as well. A \$250.00 cancellation fee will be applied for all surgical procedures missed or cancelled with less than 48 hours notice.

I acknowledge that I have read and understand the Financial Policy. If I have insurance, this signature on file also authorizes the release of information necessary to process my claim. I hereby authorize payment of any benefits to Western Reserve OMS that would otherwise be payable to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_