

# DR. BASS FINANCIAL POLICY

Dear Patient:

Thank you for choosing us as your Oral Surgeon. The following is our financial policy. Our main concern is that you receive the proper and optimal treatments needed to restore your health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to ask our office manager.

We ask that all our patients read and sign our financial policy as well as complete our patient information form prior to seeing the doctor.

Payment is due at the time services are rendered. We accept cash, checks, and for your convenience, Master Card, Visa, and Discover.

In special instances, we may accept assignment of insurance benefits. However, you must understand that:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are not a party to that contract. **OUR RELATIONSHIP IS WITH YOU, NOT YOU INSURANCE COMPANY.**
2. **ALL CHARGES ARE YOUR RESPONSIBILITY WHETHER YOUR INSURANCE COMPANY PAYS OR NOT.** Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Our office does not file secondary insurance. We will be happy to provide you with a detailed statement so you can submit for reimbursement.
4. Fees for services, along with unpaid deductibles and co-payments are due at the time of treatment.
5. If the insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier to check the status of the claim.
6. If the insurance company does not pay your balance in full within 45 days, we require you pay the balance due and resolve any further issues with your insurance company.
7. **All accounts with a balance for 60 days or more will be subject to a monthly interest charge of 1.5%.**
8. Returned checks will be subject to a \$40.00 service charge.

Please note that, unless canceled at least 24 hours in advance, you may be charged for missed appointments at the rate of a normal office visit (\$65.00). Please call if you have to reschedule. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Again, thank you for choosing us as your Oral Surgeon. We appreciate your trust in us and we appreciated the opportunity to serve you.

### PLEASE SIGN BOTH STATEMENTS BELOW

I authorize the release of any medical or dental information necessary to process this claim.

I understand that I am responsible for charges arising from services delivered and I authorize payment of any medical or dental insurance benefits to Russell K. Bass, D.D.S.

Date \_\_\_\_\_

Date \_\_\_\_\_

Insured Signature \_\_\_\_\_

Insured Signature \_\_\_\_\_