

MAXILLOFACIAL AND ORAL SURGERY, P.A.

University of Minnesota, Division of Oral and Maxillofacial Surgery

SURGERY ■ RESEARCH ■ EDUCATION

Financial Policy

Patient name _____

For your convenience, we will submit claims to your insurance company on your behalf. The patient (or guarantor) remains responsible for all charges regardless of insurance coverage or payment. It is your responsibility to provide this office with current and correct insurance information. Please notify our billing office of any changes of your insurance status.

Payment is due upon receipt of initial billing from our office. If the balance cannot be paid in full, arrangements must be made for an extended payment plan as described below. After 60 days, a finance charge of 1.5% per month (18% Annual Percentage Rate—APR) may be added to your account. If there is an overpayment, a refund will be made to the appropriate party. Payment in full at the time of service will qualify for a 10% discount.

The following financial arrangements are available:

Option A—For patients with no insurance

1. Payment is expected at the time of treatment by cash, check, Visa, or MasterCard.
2. You may establish a pre-arranged financing plan with Maxillofacial and Oral Surgery, P.A.'s business office, Option C (see below).

Option B—For patients with dental or medical insurance

1. A co-payment as directed by your insurance plan is required at the time of service.
2. Allowable charges for services *not covered* by your insurance plan are your responsibility. Accounts not paid in full after 60 days from date of service may accrue interest charges of 1.5% monthly (see below). Options A and C are available for payment of those fees.
3. If we are able to predetermine insurance coverage, you may know your total financial responsibility prior to surgery. If we are unable to verify coverage for your procedure, 50 percent of the estimated total surgery/anesthesia fee is required prior to treatment. After your insurance has paid for your treatment, you will receive a final bill showing your remaining balance. The balance will be considered payable in full at that time. Option C (below) is available to pay such balances. Unpaid account balances after 60 days may be charged monthly interest at the rate of 1.5% (18%APR).

Option C—For patients who finance treatment fees or balances

1. At the time of service, 50 percent of the estimated fee is required.
2. Balance paid as follows:

If your balance due is:	Then the percentage due is:
\$0–500	50% monthly minimum
\$501–1,000	40% monthly
\$1,001 and over	30% monthly
3. Unpaid account balances after 60 days may be charged monthly interest at the rate of 1.5% (18% APR).

A representative from our billing office may call you to discuss your financial responsibility.

The fees quoted are only *estimated fees*. The fees are not final until services have been rendered and a final billing statement is sent to you by our billing office.

I agree to the financial plan checked above, and will be responsible for payment of all fees for treatment.

Signature of Guarantor _____

Printed Name _____

Date _____

Authorized Signature
Maxillofacial and Oral Surgery, P.A.

Printed Name _____

Date _____

Billing office: 2854 Highway 55, Suite 130, Eagan, MN 55121 ■ (651) 842-3363 Phone ■ (651) 224-5273 Fax