



Simmonds, Brady & Loi

ORAL & MAXILLOFACIAL SURGERY  
AND IMPLANT SPECIALISTS, P.C.

**FINANCIAL POLICY**

Thank you for choosing Simmonds, Brady, and Loi OMS and Implant Specialists, PC. We are committed to providing the best care for our patients and making your experience a positive one in every way we can.

**Payment Policy:** We ask that you read through the financial policy and sign at the bottom prior to treatment. **Full payment is due at the time of service unless prior arrangements have been made with our office. We do require a social security number for ANY balances not paid in full by CASH. We accept CASH, PERSONAL CHECKS, or CREDIT CARDS. Any balance that we submit to your insurance carrier is due to us, by you, if we have not received payment from your insurance carrier within 90 days of surgery. Any remaining balances will be billed to you. If you have insurance and are not paying the entire balance today, we do require that you fill out the Financial Consent Form.** We can also give you information about Care Credit, a patient financial plan.

There is a \$30.00 fee charged for checks returned due to insufficient funds, or denied cards from the Financial Consent Form. You are responsible for any fees incurred in obtaining any unpaid balances which may include billing, collections or attorney fees.

**Regarding Insurance:** We participate with a number of dental insurance plans that we will contact to verify eligibility and benefits, however you are encouraged to call your insurance to obtain benefit information. We will submit to most insurance plans as a courtesy to you and if we don't participate with your plan, payment *may* be sent directly to you. Your insurance policy is a contract between you, your employer and the insurance company; we are not a party to that contract, and do not have the power to make the insurance company pay. You are responsible for providing the office necessary information concerning your insurance. If accurate information is not provided, this can delay payment - *regardless of benefits or coverage you are responsible for any amount unpaid by your insurance within 90 days of services.*

**Insurance Referrals:** It is your responsibility to obtain a referral from your Primary Care Physician before seeking treatment from us, if your plan requires it. If a claim is denied due to a lack of referral you will be responsible for the charges.

**Interest:** Interest at the rate of 1.5% per month or 18% per annum will be charged on balances unpaid after 30 days.

**Missed Appointments:** We do expect 48 hours notice of cancellation, as a courtesy to the Doctor, Staff and Other Patients.

**Minor Patients:** Parents or guardians are responsible for all charges for minor children.

**Please let us know if you have any questions regarding our Financial Policy.**

**How do you plan on paying for today's visit?**

Cash       Check       Credit Card

I need to discuss financial arrangements with a Treatment Coordinator

**I have read the Financial Policy; I understand and agree to this Financial Policy.**

X \_\_\_\_\_  
Signature of person financially responsible

X \_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Date