

## Financial Agreement

We share your concerns regarding the increasing cost of health care. We believe that you, our patient, deserve the best possible care we can provide at a reasonable cost. With this in mind, we would like to share some information with you about our financial policy. We want you to feel comfortable with us regarding your financial and insurance matters and thereby prevent any misunderstandings. We hope you will consult with us if you have any questions regarding our service and/or fees.

**NEW PATIENTS:** Since the initial examination/consultation appointment is a meeting seeking a professional opinion there is a charge for this visit. (Implant appointments-see below Implant Surgery section). Patients without insurance are required to pay this charge at the time of service. For those patients with insurance, we will forward a claim to your insurance company. **All patients are required to keep a credit card on file. This information will be held securely until insurance processing is completed and upon notification will be used as payment of the account balance.** If you decline to keep a credit card on file, payment in full will be required at the time of service and any insurance payment will be refunded upon receipt.

**PATIENTS WITH INSURANCE:** At the time of surgery, patients are requested to make an initial payment toward the estimated charges. If there is a credit balance on your account after treatment is completed and insurance payment has been received, you will be refunded.

Many people are under the impression that if they have insurance, it is the insurance company that owes the doctor for his services, unfortunately, that is not the case. The insurance contract is between the patient and the insurance company; therefore, the patient is responsible for the bill regardless of insurance coverage. We are happy to submit a claim for services provided to your insurance, however, it is the responsibility of the patient (or insured) to provide our office with complete insurance information.

Many insurance plans state that you will be covered "up to 50%, 80%, or 100%". In spite of this statement, we have found in actuality that many plans may cover less than that depending upon their established "usual and customary fees". The benefits paid by your plan are largely determined by how much your employer or union paid for the plan. Please be aware that some insurance companies will pay a claim percentage based on their "usual and customary", not our actual charges. It is for this reason that we require a deposit towards the total estimated charges at the time of the surgery. An alternative is to request pre-authorization of benefits; however, this usually requires approximately 3-4 weeks to be processed by the insurance company. If a pre-authorization is obtained, the patient portion of the claim will be due at the time of service. We are not preferred providers for most insurance plans. If this is a concern, please discuss this with our financial coordinator prior to your appointment.

**PATIENTS WITHOUT INSURANCE:** Financing options are available and facilitated by our financial coordinator. If you choose to forego these options, charges are required to be paid for in full at the time of surgery. An estimate will be given to you at your examination/consultation appointment or when the appointment is scheduled.

**MEDICARE:** Our doctors are not Medicare providers therefore our office is unable to bill Medicare for **any** services. Medicare eligible patients will be given a Medicare Private Contract with information regarding our Medicare agreement.

**DISCOUNTS:** A 5% discount is offered to patients who are senior citizens (age 65 or older) when paying with cash or check at the time of service. This discount is offered only when there is no insurance coverage available.

**CHARGE CARDS:** Visa, MasterCard, Discover and American Express cards may be used for payment on your account. Because of the costs involved, discounts are not extended to credit card payments.

**HOSPITAL SURGERY:** We require pre-authorization for all hospital surgeries. Financial arrangements are made on an individual basis with our financial coordinator prior to scheduling surgery.

**IMPLANT SURGERY:** There is no charge for an implant consultation/radiograph appointment. We will be happy to pre-authorize your insurance for implant surgery benefits. Financial arrangements will be made on an individual basis with our financial coordinator prior to your scheduled surgery.

**PARENTAL RESPONSIBILITY:** Agreements between parents accepting or denying financial responsibility for dental/medical charges are not recognized by this office. We consider the guardian (custodial) parent to be responsible for payment of services. Young adults (age 18 and older) are legally responsible for their accounts unless a parent accompanies them to the initial appointment and signs a financial agreement. This is the case regardless of insurance benefits for which they may still be eligible.

**RETURNED CHECKS:** A fee of \$35.00 will be charged for check recovery.

**ACCOUNT BALANCES:** The balance on all accounts is due in full in 60 days regardless of insurance coverage or anticipated payment from other sources. In the event that payment for oral surgical services is not made within 60 days of receipt of the services, a finance charge of 1 1/2 % per month will be added to the account (18% per annum).

**ASSIGNMENT AND RELEASE:** I hereby authorize my insurance benefits to be paid directly to the doctor. I am financially responsible for any balance due. If it becomes necessary to effect collections of any amount owed, I agree to pay for all costs and expenses, including reasonable attorney fees. I also authorize the doctor to release any information required for this claim.

**CANCELLATION POLICY:** There is a \$50.00 fee for broken appointments with less than 48 hours notice.

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

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

## For the convenience of our insured patients:

Although we are asking for a deposit at the time of most services there are times when insurance does not pay the entire remaining balance. For this reason Beacon Oral & Maxillofacial Surgeons requires a credit card on file for your account. This information is kept in a secure HIPAA compliant system and will be held until insurance has paid their portion and notified Beacon Oral & Maxillofacial Surgeons of the amount due. Any remaining balance owed on the account will be charged to the credit card on file. This authorization will remain in effect until cancelled in writing by the patient.

Additionally, you may use your card on file can be used to pay co-pays, percentages and deductibles due at the time of surgery.

If you have any questions about this payment method, please do not hesitate to ask.

Sincerely,

Beacon Oral & Maxillofacial Surgeons

I authorize Beacon Oral & Maxillofacial Surgeons, to charge outstanding balances on my account or my dependent's account to the following credit card.

Special Instructions:

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

Patient Name (Please Print)		
Cardholder Secure Email Address		Cardholder Phone Number
Cardholder Name (Please Print)		
Cardholder Address (Street)		
City	State	Zip
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
<input type="checkbox"/> Discover	<input type="checkbox"/> Debit	
Card Number		
Card Expiration Date	CVV	Employee Initials

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