

Premier Oral & Facial Surgery, LLC

13571 Narcoossee Road, Orlando, FL 32832

## **FINANCIAL POLICY & INSURANCE INFORMATION**

Thank you for selecting our office for your dental, oral surgery, prosthodontics, or oral pathology needs. We understand and appreciate your financial concerns. We believe our fees are commensurate with our levels of education, expertise, technology, the quality of materials we use, and the exceptional care we provide.

For your convenience, we have outlined the following guidelines and policies to keep our patient's experience pleasant and efficient.

### **DENTAL / MEDICAL INSURANCE, MEDICARE, MEDICAID**

Our doctors are not contracted with any insurance carriers, Medicare, or Medicaid at this facility. This permits us to have an unbiased approach to your care in order to offer you or your loved-ones our honest opinions and best services. This also does not mean that we are more expensive than other practices that are contracted with insurance plans. In fact, this means that we are able to offer and provide the highest standard of care for all of our clients, EQUALLY, for same fair price, rather than having to charge differently for the exact same procedure(s). When doctors participate in insurance plans, they often find themselves limited in the services they can offer their patients and having to search for cheaper materials and labs in order to offset their costs because of poor reimbursement from insurance companies. When it comes to patient care, we do not believe in cutting corners, using cheaper materials, and using unknown/less-experienced/foreign dental labs in order to cut costs. Instead, we believe our moral, ethical, and professional obligations are directly to our patients; to provide them to the best of our abilities with only highest standards of care, using only the best materials, and partnering with experienced labs and trusted technicians. Our commitment to our patients means we will continue to remain independent from the biases, pressures, and unethical practices often imposed by insurance carriers.

### **OUT OF NETWORK BENEFITS**

We would still like you to inform us if you have any dental insurance. Even though we are not in-network with any dental insurance plans, patients usually still have the right to receive their care with any out-of-network provider of their choice. We would be pleased to provide you with a completed claim form so you can mail it to your insurance carrier. This way we can try help you maximize any benefits that you may be entitled to. On the claims form, we will instruct your insurance company to send any eligible reimbursements directly to you. In the event they accidentally send us a check, we will have to first return it to them so they may correctly reissue the payment directly to you.

### **THE TRUTH ABOUT INSURANCE**

Please understand that insurance (especially dental insurance) does not typically cover the entire cost of treatment, especially complex treatment requiring care to be provided by a dental specialist. Insurance plans are usually best used in your general dentist's office because they designed to cover annual exams, basic x-rays, dental hygiene procedures, and routine dental work (basic fillings/ restorative procedures, and some minor specialty procedures, etc).

The reality is that most plans only pay a percentage of a "usual or customary" fee that is arbitrarily calculated by the insurance company. Insurance plans also have exclusion criteria, exception clauses, and yearly maximum limits for dental benefits that they provide. A preauthorization or predetermination may sometimes be possible, a preauthorization or predetermination is NOT A GUARANTEE OF PAYMENT. In fact, an insurance company may still deny payment or even request a refund for payments they have already made. This means that a patient may still be held financially responsible for a substantial bill that was previously "pre-authorized" / "pre-approved." It is because of these questionable, far too frequent, and deceptive tactics employed by the insurance companies that we have elected to not participate in any formal/contractual agreements with insurance companies.

If you are 65 years of age (or older), Medicare is your primary medical insurance. Medicare and most medical insurances DO NOT typically cover almost any specialist-level dental care including dental extractions, dental implants, or associated procedures such as bone-grafting or dental implant prosthetics. As such, our doctors here at Premier Oral & Facial Surgery have also opted out of the Medicare System, so our office cannot submit any information or claims to Medicare.

### **FEES AND PAYMENT FOR SERVICES**

It is our goal and intention for you to never be surprised by any hidden fees or surprise fees to complete your treatment. Before any treatment is performed, we will inform you of the costs. By providing you with a detailed written treatment plan you will know exactly what the costs are related to your care from start to finish.

Payment is required at the time of service. For your convenience, we accept cash and all major credit cards. Personal checks are not accepted. If extended payments are required, financing options are available.

We have specially trained staff members dedicated to assisting you with financial arrangements, financing options, and to assist in the initial completion of your insurance claims form so that you may send it to your dental insurance carrier. If your carrier elects to reimburse you for any of the care, they will do so according to their contractual agreement held between them and you/your employer. Typically, they will respond within 4-6 weeks.

If you have received consent to use someone else's CareCredit, and they will not be present when the transaction is made, please have the cardholder contact CareCredit to have you added as an authorized user prior to your appointment.

For **DEBIT CARDS** and **CREDIT CARDS**, we require a signed consent letter by the cardholder, cardholder's photo ID, with signature for comparison, as well as the card itself.

**IF WE PROVIDE CONSULTATION, EXAMINATION, or DIAGNOSTIC SERVICES**

Payment in full is required at the time of service and will be collected after the evaluation has been performed. Typical consultation costs range on average between \$150-\$500 depending on the extent of the consultation services required.

**PRIOR TO SCHEDULING SURGERY OR EXTENSIVE PROCEDURES**

Some operations and procedures we provide require significant expense on our part to fabricate custom surgical guides, prosthetic devices, or to obtain materials and supplies dedicated solely for your treatment. These materials, supplies, and prosthetics are custom ordered and dedicated solely on your behalf. They are not designed or intended for use with other patients and therefore cannot be simply returned to the vendor or manufacturer for refund. If we anticipate your procedure will require special materials, equipment, or lab-fabricated guides/prosthetics, we will require that a deposit be placed prior to scheduling your procedure or surgery. The required amount of this scheduling deposit will be determined based on the extent of your treatment plan. For less-involved procedures and treatments that are anticipated to be under \$3000.00, a refundable scheduling deposit of \$200.00 will be required. Payment in full for the remainder of the treatment plan balance will be required by the date of the procedure or surgery. In the event you postpone or delay your surgery, we will continue to hold that deposit until you are ready to proceed as previously planned. We will apply your deposit accordingly toward the overall costs of your treatment once you decide you are ready to proceed with treatment. In the event you do not wish to proceed with treatment, any remaining balance of funds from your deposit or procedure pre-payment (minus the non-refundable expenses incurred thus-far in preparation/anticipation of your treatment or for consultation / treatment services already rendered) will be returned to you within 45 days of receipt of written request for refund.

**IF WE PROVIDE TREATMENT**

Payment in full is required prior to the start of treatment or service.

**CANCELLATION CHARGES & FEES**

Your appointment has been reserved exclusively for you. Any changes in your appointment without sufficient notice, affects many other patients. We kindly ask for at least a **24 hours' notice** to be given in order to avoid a broken appointment fee. We reserve the right to charge \$50.00 per thirty minutes of scheduled time for missed/failed appointments.

We reserve the right to charge \$50.00 per thirty minutes of scheduled time for **consultations or procedures**. For **surgical appointments**, **72 hours notice** is required to reschedule or cancel to avoid forfeiting the \$200 surgery deposit.

Fees for treatment are subject to change based on changes that may be necessary to your treatment plan because of a change in your health/medical/dental condition (e.g., if you crack a tooth that was not part of the original treatment plan and it now needs to be extracted and replaced with either a bridge or an implant, there will be additional associated fees to incorporate those new/additional procedures/services in to your overall treatment plan). Our treatment plan fees/estimates are valid for and will be honored for 3 months (90 days from the time they are given/offered).

In consideration of professional services rendered, or to be rendered, by signing this you hereby agree to be financially responsible for all charges (at the Doctor's usual and customary fees), and for any expense that the Doctor may incur in collecting these fees; including ATTORNEY'S FEES.

Please sign below acknowledging you have received, read, and understand our financial and insurance policies outlined above.

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**PRINTED NAME**

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**SIGNATURE**

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**Date**