

Patient Financial Policy

Thank you for choosing *Oahu Oral and Maxillofacial Surgery* for your dental needs. Your clear understanding of our **Patient Financial Policy** is important to us. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

INSURANCE

Insurance is a contract between you and your insurance company. We will bill your primary insurance company and any secondary insurance as a courtesy to you. In order to properly bill your insurance company, we require you disclose **all** insurance information, including primary, secondary and medical insurance plans, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the chargers not covered by insurance, including but not limited to those charges above the usual and customary allowances. In most cases you will receive your explanation of benefits (EOB) from your insurance provider, 7-10 days prior to our office receiving insurance payment. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

REFERRALS

If your insurance company requires a referral, you are responsible for obtaining this document. Failure to obtain the referral may result in a lower or no payment from the insurance company, and the balance will be your responsibility.

REFUNDS

In the event of an overpayment, resulting in a credit due to patient or insurance, a refund will be processed and sent to the original payer after all account balances are settled. All refunds are issued in the form of a **check** and can take up to 30 days, after all claim payments are received.

OUTSTANDING BALANCE POLICY

It is our policy that all past due accounts be sent two statements. If payment is not made on this account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collection costs, including attorney fees and court costs. Regardless of any personal arrangements that a patient may have outside of our office, if you are 18 years of age or older and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party. This financial policy helps the office provide quality care to our valued patients. If you have any questions about our fees, policies, or your responsibilities, please feel free to contact our billing office at (808) 230-8000.

Signature of Patient

Date