

Timothy M. Lawrence, D.D.S., M.S., Inc.

Practice Limited to Oral & Maxillofacial Surgery
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FINANCIAL POLICY

Please read and sign prior to your appointment.

PLEASE BRING ALL DENTAL AND MEDICAL INSURANCE CARDS WITH YOU. IF YOU DO NOT HAVE ONE, YOU MUST PROVIDE PROOF OF INSURANCE WITH A CLAIMS ADDRESS OR YOU WILL BE RESPONSIBLE FOR ALL CHARGES ON THE DAY OF SERVICE.

- 1. All charges for uninsured patients are due in full on the day of service. Insured patients are required to pay their estimated out-of-pocket expense on the day of service.** Please be aware this is only an estimate; your actual out-of-pocket amount may differ once the claim has been processed. For your convenience, we accept cash, checks and credit cards (Visa, MasterCard and Discover). A \$30 charge will be applied for returned checks.
2. The responsibility of payment for services rendered to any dependent children whose parents are divorced rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved.
3. 48 hours advanced notice is required for cancellation of an appointment. Failure to give adequate notification may result in a fee of \$100. Missed appointments may result in dismissal from the practice.
4. Our staff will help research plan benefits; however, it remains your responsibility to be aware of your insurance policy details. Individual plan benefits, such as plan waiting periods, UCR levels and yearly maximums vary greatly from plan to plan. It is unusual for an insurance carrier to pay 100% of the charges incurred at a specialty practice. Most insured patients will have an out-of-pocket expense.
5. Insurance claims will be submitted to your insurance carrier as a courtesy to you. **Charges submitted to an insurance company but not paid will become due and payable by the responsible party (the patient) 60 days from the date of service.** This applies to all accounts including those that require a denial from the medical carrier. If an overpayment should occur, a refund will be issued in a timely manner.
6. Insured dependent children, 19 years of age or older, will be considered self-pay with charges due on the day of service unless proof of student status is provided at each visit.
7. It is the patient's responsibility to obtain referrals required by your insurance carrier prior to your appointment. If you do not have an appropriate referral, we will reschedule your appointment so you may obtain one.

If you have any questions regarding the above policy, please contact our office.

Patient/Responsible Party: _____ Date: _____