

PIEDMONT ORAL SURGERY, P.A.

W. KEITH WALKER, D.D.S.
LARRY W. COBB, D.M.D.

PERMISSION TO FILE AND RELEASE INFORMATION

I authorize Piedmont Oral Surgery, P.A. to file claims with Medicaid and other insurance carriers for all charges incurred by me. I authorized payment of benefits, including Medicaid benefits, directly to Piedmont Oral Surgery, P.A. I also grant Piedmont Oral Surgery, P.A. the permission to release medical information to requesting physician or, as necessary, to process claim forms.

Patient Signature

Date

PATIENT CONSENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by requesting one from the Front Desk personnel. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information except where we have already made disclosures in reliance on your prior consent.

My signature below verifies that I have been given access to Piedmont Oral Surgery's Notice of Privacy Practice

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

INSURANCE

It is our policy to bill your insurance carrier as a **COURTESY TO YOU**. Piedmont Oral Surgery is not responsible for the amount of benefit you receive from your insurance provider. All fees for services rendered are ultimately the responsibility of the patient, regardless of insurance coverage. You will receive a statement of your balance every month until the balance is zero.

Each patient must accept responsibility for pre-admission or pre-certification in regards to meeting the requirements of your insurance carrier. Failure to comply with these guidelines will result in no payment or decrease in the amount of benefits paid by your insurance company. If your insurance requires you to have a referral or pre-authorization for a procedure, it is your responsibility to have that document in hand at the time of your visit.

MANAGED CARE AND PPO'S

To Guarantee proper reimbursement from your insurance provider, it is imperative that you follow all regulations of HMO's and PPO's.

For your protection, we recommend that you contact your pre-certification company prior to any visit or hospital admission. If you do not follow these procedures, your insurance company will **NOT** cover these charges, and you will be financially responsible for all charges incurred by the services provided.

PAYMENT POLICY

Payment is due at the time of service unless previous arrangements have been made. We accept cash, local personal checks, Mastercard Visa and debit cards.

Signature of Patient or Personal Representative

Date