

PIEDMONT ORAL SURGERY

Written Financial Policy

Thank you for choosing Piedmont Oral Surgery. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is make the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

Cash, Check, Visa, MasterCard, Discover Card or American Express

We offer a 5% courtesy accounting adjustment to patients who pay their treatment in full with cash or debit card.

NO INTEREST Payment Plans from Care Credit

Allow you to pay over time with NO INTEREST

Convenient, low monthly payment plans also available

No annual fees or pre- payment penalties

Please note:

Piedmont Oral Surgery requires payment the day of surgery.

Piedmont Oral surgery charges \$20 for returned checks.

For patients with dental insurance we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment. Please be advised that the amount that our office asks you to pay on the date of your surgery in no way guarantees that this, along with payment from your insurance company, will be enough to ensure that your bill will be paid in full. When we contact your insurance for you, they only inform us what your basic benefits are. This allows us to determine an amount for you to pay on your surgery date that is, to the best of our ability, an amount which will be close to your responsible amount. However, please note that this is NOT A GUARANTEE that your insurance will pay what they quote us over the phone, and that said phone call does not excuse you from being responsible for the remaining balance. If at any point in time there is an overpayment on your account, we will immediately refund the money to you. On the other hand, if there is still a balance that remains after your deposit has been made and your insurance has paid all that they are going to pay, YOU ARE RESPONSIBLE FOR THAT REMAINING BALANCE.

Patient, Parent or Guardian Signature

Date

Patient Name (please Print)

However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.