



North Atlanta Oral & Maxillofacial Surgery

Financial and Cancellation Policy



We are dedicated professionals providing the best possible care to our patients and we want you to completely understand our financial and cancellation policies.

Financial Policy

1. It is YOUR responsibility to contact your insurance company and find out whether or not we are a participating provider with your DENTAL insurance plan. We are contracted with many insurance companies to accept an assignment of benefits for our services. Even though we take most major dental insurance plans, we may not be on the type of plan that your company has selected. In order for us to file a claim with your insurance we will need for you to do the following:
 - **Ensure that you know your insurance benefits and whether or not we are a participating provider for your plan by calling your insurance carrier PRIOR to your appointment.**
 - **A valid insurance card must be presented at the initial consultation and any time thereafter if your insurance carrier changes.**
 - **Your deductible and co-pay portion is expected at the time of the consultation (if applicable) and at the time of surgery.** We accept Cash, Check, all Major Credit Cards, and CareCredit.
2. **You will be responsible for your deductible and co-insurance on the day of surgery.** You will be billed for any amount not covered by your insurance carrier. **Payment is due upon receipt of your statement from our office.**
3. Please be advised that we are not a participating provider for any **medical** insurance plans.
4. If you are insured by a plan that we are not a participating provider for, we will be happy to provide you with the necessary information (pre-op x-ray, ADA codes, etc.) in order for you to file with your insurance carrier. **Therefore payment is due at the time services are rendered.**
5. Our office will file with your **Primary DENTAL** policy only. If a secondary dental policy is in effect it is the patient's responsibility to independently file with any secondary policy. We are happy to provide you with the necessary information (pre-op x-ray, ADA codes, ICD Diagnostic Codes, etc.) in order for you to file with your secondary. ***Any insurance checks issued to Dr. Duncan directly from a secondary insurance claim will be returned to the insurance company and it will be the patient's responsibility to contact their secondary to have the claim reprocessed and benefit payment reissued to the patient.***
6. **Divorced Parents of Patients** – The adult who signs a minor child into our practice on the day of service accepts responsibility for payment. This office does not promise to send bills or records to the other parent/guardian for issues of payment or communication. We will communicate about treatment and payment with the parent who signs in that day. Parents are responsible to communicate with each other about treatment and payment issues.
7. **Returned Checks** – Returned checks will incur a \$25.00 service charge. Our office will only accept cash, certified funds or money order to cover the amount of the check plus the \$25 service charge.
8. **Collection Fees** - The patient (or responsible party) is responsible for the final balance due after all insurance and patient monies have been applied. If your account is placed with a third party collection agency as a result of past due account balances, the responsible party will incur any fees passed through to our office as a result of the overdue account.

Cancellation Policy

Scheduling is a vital part of our practice and we work hard to ensure that we meet the needs of our patients.

1. We require a minimum of 24 hours cancellation notice if you are unable to make your **consultation** or **re-check** appointment. Adequate notice allows for us to offer the appointment to other patients who need to be seen. ***A \$25 fee will be charged to any Consultation patient that fails to provide us with at least 24 notice of cancellation or no shows for their appointment.***
2. Confirmation reminders from our office are a courtesy and it is the patient's responsibility to cancel any appointments.
3. To cancel or reschedule, please call our office during regular business hours as our after-hours call service cannot accept appointment related inquiries or calls.
4. ***Please note a \$200 deposit is required to secure a surgical slot. This \$200 fee will be applied to the patient's co-insurance amount due on surgery day. Any surgeries cancelled within this 48 hour (note - two BUSINESS days) timeframe will NOT be refunded this \$200 Deposit Fee. Surgeries re-scheduled within the allowable timeframe per this cancellation policy will be either refunded or applied to a future surgical date.*** We maintain a surgical wait list; as well, our operating rooms (surgical trays, medications, etc.) are prepared ahead of time therefore it is imperative that surgical appointments are kept.

We reserve the right to amend our Financial Policy at any time. Please maintain a copy of this form for your records.

Patient's/Guardian's Signature

Date