

HOWARD R. STRAUSS, D.D.S., P.A.

ORAL AND MAXILLOFACIAL SURGERY
BOARD CERTIFIED

FINANCIAL POLICY

The office of Howard R. Strauss, D.D.S., P.A./Western Maryland Surgicenter, L.L.P. is committed to providing our patients with unparalleled excellence in care. We recognize that you may have concerns regarding our financial and insurance policies. Please feel free to ask us any questions that you may have regarding our financial policy.

Often the assumption is made that if a person has insurance, then it is the insurance company who owes the doctor for their services. As the insurance contract is between the patient and the insurance company alone, it is the patient who is responsible for the bill, regardless of insurance coverage determination. We are happy to bill your primary or second insurance company for you as a courtesy, but please keep in mind that the responsibility for the payment remains with the patient (or the guarantor).

I. *IF YOU ARE COVERED BY INSURANCE:*

Insurance participation can be verified upon request and appropriate referral must be present on the day of consultation. Patients with insurance are expected to make a down payment at the time of service, which usually reflects copayments and deductibles. This amount is based on our experience and is an estimate of the portion not covered by insurance. It is your responsibility to know the terms of your insurance coverage, as well as any exclusions. In order to determine the exact portion of your total charges that will be covered by your insurance, a pre-authorization needs to be requested. We will be happy to request this, which usually requires four to six weeks to be processed by your insurance company.

II. *IF YOU ARE NOT COVERED BY INSURANCE:*

Patients without insurance are expected to make payment in full for all charges at the time of service. A service charge of 1.5% per month will be added to your balance due if the payment arrangements extend past 30 days. An estimate of your total charges will be provided for you during your examination or consultation.

III. *HOSPITAL SURGERY:*

Surgery requiring hospitalization requires prior authorization from your insurance company. If there is no coverage through your insurance company, or if you have no insurance, generally payment in full is required one week prior to your scheduled surgery. If necessary, financial arrangements may be made in advance through our office.

IV. *IMPLANT SURGERY:*

Implant surgery is not generally covered by insurance. If your insurance company does cover implant surgery, we will provide you with an estimate of your required payment. This amount is due one week prior to your scheduled surgery. If there is no coverage through your insurance company, or if you have no insurance, payment in full is required one week prior to your scheduled surgery.

V. *PAYMENT OPTIONS:*

Payments may be made with VISA, MasterCard, Discover, debit card, Care Credit, cash, or personal check. There will be a \$36.00 service charge on all returned checks unpaid by your bank. Delinquent accounts will be referred for collection after 90 days unless previous arrangements have been made.

VI. *AUTHORIZATION:*

With my signature below, I hereby authorize release of any relevant information necessary to process my claim to my insurance company. I also authorize any insurance benefits otherwise payable to me to be paid directly to Howard R. Strauss, D.D.S., P.A./Western Maryland Surgicenter, L.L.P. providing the services.

VII. *ACKNOWLEDGEMENT:*

I acknowledge that I have read the above, understand it, and agree with it.

Date

Patient/Responsible Party