

---

NEW PATIENT FORMS  
FINANCIAL RESPONSIBILITY

Thank you for choosing Susquehanna OMFS for your oral surgery and dental implant care. We are committed to your successful treatment, and we will do everything we can to make your visit quick and comfortable.

Many patients have questions regarding the various ways of paying for their care. We have prepared this letter to help you understand your options, and select the best method for you. Our office staff is always available to further assist you, if necessary.

**Insurance**

We will contact your insurance carrier to determine what your specific benefits are, and whether you have any deductible, or co-payments. Routine treatments are generally performed without submitting a request for pre-estimate of benefits. We do request that any estimate insurance deductible, co-payments, and/or non-covered services be paid in full at the time of your treatment. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Remember that some, or perhaps all, of the services provided may not be covered by your plan. It would then be the responsibility of the client resolve any issues related to payment with their insurance carrier. In this case, you are fully responsible for all payments. Also, should the insurance company fail to pay, you will be responsible for the remaining balance.

**Usual and Customary Fees**

Our practice has determined fees for the full range of surgical services that we provide. We consider these fees to be average for this geographic region. If you do not have insurance, or if the service that you require is considered non-covered, we will use these fees to determine your cost of treatment. We will let you know what your responsibility is before we begin treatment. Surgical appointments that are cancelled with less than 24-hour notice are subject to a \$100.00 cancellation fee. Checks returned by your bank would be subject to a \$50.00 processing charge. Should the insurance company fail to pay, you will be responsible for the balance remaining, in addition to a 1.5% finance charge after 90 days of nonpayment. If your balance is referred to collection for non-payment, you will be responsible for the collection costs in the amount of 33.33% of the balance due and any applicable costs related to collections. Full payment is due at the time of service. Our office currently accepts the following methods of payment: Visa, Mastercard, American Express, Discover, Care credit, Lending Club, check, and/or cash.

We hope that this information helps you. If you have any questions, please ask. Once again, thank you for the trust you have placed in us.

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CARE AND SERVICES PROVIDED TO ME.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_