

HECHT ORAL AND MAXILLOFACIAL SURGERY, P.C.  
FINANCIAL POLICY

Thank you for choosing Hecht Oral and Maxillofacial Surgery. We are committed to providing the highest quality care and we are pleased to discuss our professional fees with you at any time. To avoid misunderstandings, we ask you to read and sign our financial policy prior to treatment.

**You are responsible for your charges:** Patients or their legal guardian are responsible for all charges incurred during treatment including any third-party vendors and must pay for services. We will file your insurance claim as a convenience to our patients, but our relationship is with you and not your insurance company. You remain legally responsible for your bill. We will not become involved in the dispute between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, usual and customary charges, etc., other than to supply information as necessary. You are responsible for the timely payment of your account.

**Payment for service:** Payment is required at the time service is provided. **A \$150.00 deposit is required at the time of scheduling your general anesthesia surgery appointment. The \$150.00 deposit will be applied to any patient responsibility fees.** If you are not covered by insurance, you must pay in full for all charges at the time of service. If you have insurance, as a courtesy we will investigate your insurance benefits, estimate your out-of-pocket costs, and file claims on your behalf. You must pay for estimated out-of-pocket expenses, such as estimated co-payments, deductibles, and non-covered services at the time of service. An insurance estimate and verification of benefits are not a guarantee that your insurance company will pay exactly as estimated. Your insurance company determines the final amount paid at the time the claim is processed. All charges incurred are your responsibility whether your insurance company pays or not.

**Dental Implant Surgery:** Insurance carriers provide limited coverage for dental implant and related procedures, such as bone grafting and CT scanning. **Payment of 50% of the charges must be made two weeks prior to your procedure. The remaining 50% will need to be paid at the time of the implant surgery.**

**Emergency Patients:** Patients having emergency surgery must pay in full with a credit card, cash, or Care Credit for all charges before services are rendered.

**Workers Compensation or Motor Vehicle Accident Claim:** We do not accept workers compensation or motor vehicle accident claims. Payment is required at the time service is provided. Patients or their legal guardian are responsible for all charges incurred during treatment and must pay for services. We have opted out of these types of claims and claims may not be submitted for reimbursement.

**Patients with Medicare:** We are not a Medicare provider. We have opted out of Medicare and cannot submit claims on your behalf, nor can you submit claims from our office. You can have the procedure done in our office by signing our Medicare private contract.

**Patients with Medicaid or CHIP:** We are not a Medicaid or CHIP provider. Payment in full is required for services.

**Minor Patients:** The parent or guardian accompanying a minor is responsible for payment of services. Regardless of insurance coverage, patients 18 and older are responsible for payment.

**Divorce Situations:** The parent who brings the child to the initial appointment is responsible for all charges incurred during treatment, regardless of who provides insurance coverage. Our office will not become involved in payment disputes between divorced parents.

**Returned Checks/Missed Appointments:** A \$50.00 service fee will be charged for returned checks. Temporary or post-dated checks are not accepted. A \$150.00 fee will be charged for a missed appointment without a 48-hour notice. A \$150.00 fee will be charged for a missed general anesthesia appointment without 48-hour notice.

**Outstanding Balance/Collection Fees:** Any account past due by 30 days or more is considered delinquent and may be subject to administrative fees. After 90 days if an account is not paid in full, the account may be referred to an attorney or collection agency for collection. The patient or legal guardian on the account will be responsible to pay all attorney's fees, collection costs, including a \$25.00 administration fee, interest and court costs that may be incurred once the account is referred for collection. If a patient or legal guardian is responsible for more than one account, any refund on one account will be applied to the outstanding account.

**Forms of Payment:** We accept the following forms of payment:

CASH, CHECKS, MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT

**I have read the above, understand and agree to the above terms and conditions. I agree to be responsible for total payment of my account.**

**I further consent to be contacted by the practice, any agent of the practice, or any collection agency or attorney to whom an unpaid account balance has been assigned, at any address or phone number provided to the practice including mail, electronic mail, phone, or text message.**

**I authorize my insurance benefits be paid directly to Hecht Oral and Maxillofacial Surgery, PC**

Sign Here

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**Patient's signature (or financially responsible person's signature)**