Little Neck Bay Oral and Maxillofacial Surgery

Financial Policy

We are delighted to welcome you to our practice and pleased that you have chosen us to serve your oral and maxillofacial needs. The following is a statement of our financial policy which we require you to read and sign at the bottom of this page.

Payment is expected at the time that services are rendered and is the responsibility of the individual signing this agreement.

Payment methods: We accept all major credit cards and cash. We do not accept personal checks.

Dental Insurance:

We are pleased to participate with several insurance providers directly; please verify with our staff if you are not sure if your insurance provider is included. In general, we will accept any insurance that will pay us directly. What your insurance doesn't pay is the patient/parents /legal guardian's responsibility. We do not participate with any HMO/DMO or Medicaid plans.

An estimated co-payment is requested from you at each appointment as services are rendered. This is determined by your benefits within your plan, not our office.

Please understand that we file dental insurance as a courtesy to our patients. We are not responsible for how your insurance company handles their claims or for what benefits they allow on a claim. We can only assist you in estimating your portion of the fees. We cannot guarantee that your insurance will pay for each claim nor can we assume responsibility for the accuracy of any insurance information. It is your responsibility to understand your insurance policy and terms.

You are responsible for payment of any balance due that is not paid by your insurance company including unpaid deductible amounts. Although we try our best to estimate as accurately as possible, the final amount your insurance will actually pay isn't determined until they issue a claim check to us.

Missed Appointments:

We ask for your utmost courtesy regarding your scheduled appointments. If you are unable to keep your appointment please allow at least 24 hours prior to appointment time if you must cancel or reschedule. We understand that unforeseen emergencies do occur, however, we reserve the right to charge a $25.00 fee for repeated last minute cancellations or broken appointments.

Request of X-rays and/or Medical Records:

You may request a copy of your x-rays or medical records from us at any time. Please give our office 24 hours to complete your request. For X-rays requested at the time of your appointment, there will be a $5 fee. For X-rays requested to be mailed, there will be a $10 fee. For Medical Records requested, there will be a fee of $1 per page.

By signing below, I understand and agree to this policy.

Patient or Legal Guardian Signature: _____

Date: _____