

**ORAL & FACIAL SURGEONS OF MICHIGAN, P.C.**  
**BILLING AGENT AUTHORIZATION AND FINANCIAL POLICY**

Thank you for choosing us as your care provider. We are committed to your treatment being successful.

Patient Name \_\_\_\_\_ Account Number \_\_\_\_\_

Due to the constant changes of medical and dental insurance coverage, it is no longer an easy task to interpret each individual policy. Your insurance company will not guarantee payment based on information we are given. **Therefore, it is the patient's responsibility to know your individual coverage benefits and exclusions and determine if we are in or out of your network.** Many of our patients come to us even if we are out of their network due to the unavailability of participating doctors in their area. Please remember that your insurance policy is between you and your carrier or employer, not between the patient and the doctor. As a service to you, we will file insurance claims which will be subject to eligibility, plan maximums, reasonable and customary reductions, deductibles, non-duplication clauses, prior authorization and referral requirements, remaining benefits and other items that can affect claim payment. It is the patient's responsibility to know their insurance benefits and provide us with current and accurate information for claim submission. Our services may be covered by either medical or dental carriers. We are finding many dental carriers requiring medical payment or denial before they will process your claim. **It is strongly suggested that you review your insurance benefits with your medical and dental carriers prior to your surgery.**

We do participate with Medicare for covered procedures, however many services that we perform are not covered by Medicare. This may include, but is not limited to, any treatment related to teeth and gums or their supporting tissue. Dental extractions are not covered by Medicare.

The parent/guardian that signs the consent for surgery for a minor child is responsible for payment. This also includes divorced parents regardless of the Divorce Decree. Settlement must be resolved between the parents.

Lab fees for pathology are billed directly from the Lab and are separate from our charges. It is your responsibility to obtain a referral, if needed, from your primary care physician.

Our services are the patient's responsibility in full regardless of insurance benefits. If your insurance pays more than the balance on your account, we will reimburse you by check. Refund checks will be made payable to the patient if age 18 or older. If your insurance pays less than the balance on your account, for whatever reason, you (patient/guardian) will be responsible for the balance owing which is expected to be paid in full within 30 days. A 1.5% monthly (18% annual) finance charge or \$1.00 (whichever is greater) will be applied to any balances over 60 days. We accept cash, checks, Visa or Mastercard. Returned checks warrant a \$40 service charge.

"I hereby authorize Oral & Facial Surgeons of Michigan, P.C. (Doctors Butts, Benian, Johnson and Jabero) to act as my billing agent for the purpose of submitting Doctor's Service Reports or Insurance Claims to my insurance carriers. I authorize release of any information relating to my claims. I hereby authorize payment directly to Oral & Facial Surgeons of Michigan, P.C. for my group insurance benefits. I have read the Financial Policy. I understand and agree to the Financial Policy."

SIGNATURE (patient or legal guardian)

Relation to patient

Date

Business Assistant