BERKS ORAL SURGERY
+ DENTAL IMPLANT CENTER

FINANCIAL POLICY

Thank you for choosing Berks Oral Surgery for your oral surgical care. We are committed to providing you with the best quality care while making your visit a comfortable experience. As part of our services, we try to make your treatment as transparent and cost effective as possible. In an effort to do this, we have implemented the following financial policy.

If you are having a procedure, you may receive up to four separate statements reflecting charges for the following services:

- **Surgical component:** Fee to be paid to Berks Oral Surgery, Ltd., for performing the oral & maxillofacial surgical aspect of your care. Our surgeons participate with many dental and/or medical insurance plans. As a courtesy to our patients, we make every effort to verify your insurance benefits and secure authorization prior to your procedure; however, this is NOT a guarantee of payment. You are responsible for payment in full for any services rendered, not covered by your insurance carrier.

- **Anesthesia Fee:** In certain situations, another anesthesia provider (Anesthesiologist or Certified Nurse Anesthetist) is required to provide you with the safest level of anesthesia care possible. The necessity for a separate anesthesia provider is based off a number of factors, including but not limited to, the complexity of the surgical procedure, the type of anesthesia provided (ie. placement of a breathing tube or other airway protective device), the patient's age, the patient's health conditions/anatomy and the amount of surgical time required.

- **Pathology Fee:** If tissue is removed during your surgical procedure, you will be billed for pathology services. This service is billed from a pathology department such as Tower Health Pathology, Temple University, and Geisinger Health Systems. You will be responsible for that portion of your care. Any questions regarding outside facility bills should be directed to that entity specifically.

- **OR Access Fee:** *This is for restorative dentistry services only*, whereby your primary care dentist will be utilizing the operating room facilities and materials. The fee will be billed to your dentist directly and will need to be paid in full by their office at the time of scheduling your appointment. Any billing arrangements made between you and your dentist will be at the discretion of your dentist. The OR Access Fee does not include anesthesia services which will be billed separately.

General Information

Patients with no insurance are expected to pay in full at the time of services rendered. If you have insurance that Berks Oral Surgery is participating in, our staff will look into your benefits in advance and factor your estimated insurance coverage into any out-of-pocket costs. You are responsible for the full amount of your estimated portion of the procedure prior to your surgery. After your insurance claims process, if there are unforeseen denials or charges that your insurance company does not cover, you will be billed for any remaining balances. Submitting appeals and filing disputes with your insurance company is your right, but any balances unpaid by insurance are the responsibility of the patient/guarantor on the account. For patients who have insurance that Berks Oral Surgery is non-participating with, our staff will typically submit claims to your carrier as a courtesy to you (specific exclusions apply); however, you will be responsible to pay in full for all services rendered. Should your insurance contribute any reimbursement for your care, you will receive a check from our office.

Berks Oral Surgery is "opted out" of Medicare. Our office is unable to file claims to Medicare and patients are unable to file claims as well including supplemental Medicare insurances. Medicare patients will also need to sign a Medicare Affidavit understanding our Medicare policy.

Please be aware that your insurance company may not cover some services and/or may pay less than the estimated amount for some services. If your insurance company pays less than the estimated amount for your services, you are responsible for the remaining balance. The total balance is your responsibility whether your insurance does or does not pay. Your insurance policy is a contract between you and your insurance company. Berks Oral Surgery is not a

party to the contract, we are not responsible for the amount your insurance company pays for our services. The insurance payment estimate we provide is only an estimate. We have no control over what your insurance company decides to pay for services. Please make sure to provide us with all your insurance information, so that we may assist in getting your claims paid promptly. If you fail to provide accurate information, we can not guarantee proper and timley filing of your insurance claims.

Patients are responsible for any charges incurred on the account resulting from treatment provided. Any balance due must be paid 30 days from date of service, unless you have contacted our billing department to make payment arrangements.

Card payments will have an additional 3% service fee applied. The only exceptions being HSA, FSA, and debit card payments.

Dental implant replacement policy

Please note that if you are having a dental implant placed, you will be asked to review and sign our dental implant replacement warranty. Berks Oral Surgery does not provide cash refunds for failed implants.

Returned Checks

A $35 charge will be added to your account for any check returned by your bank for any reason. This will be in addition to charges made by your bank.

No show/Canceled/Rescheduled Services

As a specialty provider, our office visits schedule several weeks ahead. We also perform a large volume of procedures to assist our patients, requiring considerable time and resources to perform. Please be considerate of your fellow patients and allow at least 2 business days notice for cancellations of office visits and 3 business days for surgical procedures. Our office reserves the right to charge patients that do not provide us with the appropriate notification in canceling the appointment, or if the agreed upon pro-operative instructions are not properly followed, resulting in the need to cancel the procedure. Our policy is to charge $50.00 for missed office visits and $100.00 for missed procedures.

Procedures scheduled in the surgery center/hospital setting that are not canceled within 48 hours of the procedure will be charged $150.00 cancellation fee (these fees will not be applied toward your surgery/procedure and will be added as a charge to your account, not billable to insurance). Patients are unable to reschedule their surgery until the fee is paid in full.

Collections

We utilize a collection agency for past due/unpaid balances over 60 days from the date of service. If there are any issues with your account, please contact our office with questions or concerns. If there was an insurance issue that was not discussed or resolved prior to your account going to collections, you are responsible for the bill.

Once an account is handed over to our outside collection agency, there will be a collection fee assigned to the balance in addition to the amount owed for services.

CERTIFICATION: I have read and fully understand and accept the terms specified in this form.

Patient/Representative Signature:_____ Date:_____

Patient/Representative Name and relationship Printed:_____