

FINANCIAL POLICY

UNION ORAL SURGERY & DENTAL IMPLANT CENTER Steven R. Patty, DDS

1851 Wellness Boulevard Monroe, NC 28110
5829 Phyllis Lane, Suite B, Mint Hill, NC 28227

We hope you understand that our credit and collection policies are a necessary part of assuring the financial resources needed to maintain this facility for our patients and community. If you have any questions or concerns about our payment policies, please do not hesitate to contact our business staff. We make every effort to keep down the cost of your oral surgical care.

Payments for consultations are due at the time services are rendered. We accept cash, checks and for your convenience, MasterCard/Visa/Discover.

IT IS YOUR RESPONSIBILITY TO PAY FOR ALL SERVICES PROVIDED BY OUR OFFICE WHETHER INSURANCE OR SELF-PAY COVERS YOU.

For surgeries, we verify insurance benefits for you. Our office will notify you by letter or phone call prior to your surgery for the amount due for your treatment. This amount is an estimate of the fees not covered by your insurance. We ask that you bring this amount on the day of your surgery. Please remember that this will be an estimate and not a guarantee of payment from your insurance. However, you must understand that it is up to you to furnish our office with current insurance information. If you do not have insurance that will cover your visit, you will be considered self-pay, and payment is expected at time of service.

PLEASE READ THE FOLLOWING REGARDING INSURANCE and SELF-PAY ACCOUNTS:

- **Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company.**
- **All charges are your responsibility to pay whether your insurance pays or not.**
- **Benefits quoted are an estimate of payment. We do not guarantee insurance payments quoted to you.**
- **Your signature authorizes Union Oral Surgery & Dental Implant Center/Steven R. Patty, DDS, PA/Tara A. Valiquette, DMD, to release personal health information to insurance companies for reimbursement of service.**
- **If the insurance company does not pay your balance in full within 45 days, we ask that you contact the carriers to help speed things up.**
- **If our office is expecting the estimated insurance payment, 60 days will be allowed from the date of service to receive payment. If payment is not received, the balance is due by the responsible party and payable in full.**
- **Returned checks are subject to a \$20.00 return check fee.**
- **All balances older than 90 days will be reviewed and are subject to be turned over to outside collection agencies for payment or to legal counsel. Past due account balances are also subject to Credit Bureau Reporting.**
- ***For all services rendered to minor patients, we will look to the person who signs our financial agreement for payment.***

We understand that temporary financial problems may affect payment of your balance. We encourage you to communicate such problems so that we can assist you in the management of your account.

PLEASE KEEP FOR YOUR RECORDS