

# Oral and Maxillofacial Surgery Associates of Western New York, P.C.

## FINANCIAL WAIVER:

### PLEASE READ

Welcome to our practice. Our wish is to be sure your visit meets your expectations in every way. With this, we want to be sure you understand our office financial policies and the involvement of your insurance as payment, for your care today and in the future.

- 1.) If you are enrolled in any type of INSURANCE PLAN, it is your responsibility to check with your insurance carrier to see if we are participating in your particular plan. There are certain insurance companies that have numerous subsidiaries within them, i.e. Aetna, Cigna and Guardian, that we do not participate with. It is your responsibility to check with your insurance for coverage.
- 2.) Please understand that certain procedures may not be covered or will be considered not necessary by your insurance company. Any treatment that falls into these categories will be your responsibility for payment in full.
- 3.) If you are having a MEDICAL procedure at our facility, please be aware we do not participate with any medical insurances. Depending on your insurance policy, we may be able to submit a claim on your behalf, however payment is due in full at time of service.
- 4.) If you have MEDICARE: Traditional Medicare does not cover dental care. Please be aware, if you are having a MEDICAL procedure in our facility, we DO NOT participate with Medicare and can not bill them directly. Payment in full will be required the day of service, however as a courtesy, we will bill at the Medicare Allowable Fee schedule for medical services.
- 5.) You are directly responsible for your account in our office. We will bill your insurance carrier as a courtesy. Every surgical patient seen in our facility will be asked to give a deposit prior to care, regardless of insurance coverage. We ask that you follow-up on your insurance claim and call our office should you need your claim resubmitted for any reason.
- 6.) CANCELLATION POLICY: If you are not able to keep a scheduled SURGICAL appointment, kindly give at least 24 hours notice to avoid the following late cancellation fees:  
30-minute surgery - \$100.00    60-minute or longer surgery - \$200.00

We do not accept Workers Compensation, No-Fault and Medicaid.

We are happy to submit a dental insurance pre-determination prior to any surgery at your request.

ALL OF MY QUESTIONS HAVE BEEN ANSWERED REGARDING THE FINANCIAL ASPECT OF MY ACCOUNT.

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Patient or Guardian Signature

Date