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INNOVATIVE
ORAL SURGERY & DENTAL IMPLANTS
LIVE IN COMFORT. SMILE WITH CONFIDENCE.

215-322-7810
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www.innovativeoralsurgery.com

**Financial Policy Agreement – Innovative Oral Surgery & Dental Implants**

The charges for services rendered at this office are **your responsibility**. As a courtesy, we may verify your insurance benefits; however, this does **not** guarantee payment by your insurance carrier. Verified benefits are subject to change, especially if you have other pending claims with another provider.

We can provide general guidelines regarding your benefits, but it is **essential** that you contact your insurance carrier directly to understand your plan's coverage, limitations, and requirements. When speaking with your carrier, please record the **name** of the representative, as well as the **date and time** of the conversation, in case there are any disputes later.

If your insurance plan requires a referral, it is your responsibility to obtain it from your primary care provider or dentist **before** your scheduled surgery appointment.

If you have not received a call from our office regarding your estimated out-of-pocket expenses, please contact us **one week** prior to your appointment. On the day of surgery, please bring the **estimated payment** amount that was previously quoted.

If someone other than the patient is making payment by check or credit card, that individual must be **present** at the time of payment.

**Refund Policy:**

- Payments made by **credit card** will be refunded to the original card used.
- Payments made by **cash or check** will be refunded via a check issued from our office.

If your account becomes **delinquent** and is referred to a **collection agency**, you will be responsible for all associated fees, including agency fees, attorney fees, and/or court costs.

**Acknowledgment and Agreement**

I have read, understand, and agree to the financial policy of **Innovative Oral Surgery & Dental Implants** as outlined above.

| **Print Name** | **Signature** | **Date** |
|---|---|---|
| _____ | _____ | _____ |

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