



McLAIN SURGICAL ARTS
ORAL/FACIAL AND COSMETIC SURGERY

FINANCIAL POLICY

We are in network with the following dental insurance plans

Aetna
Ameritas
Blue Cross Blue Shield of
Alabama

Cigna
Delta Dental
Guardian
Humana

Medicaid of Alabama
Metlife
Southland
United Concordia

If you are covered by any other plan, it is your responsibility to check your eligibility and benefits. If you have a Managed Care Plan, be sure that you have out-of-network benefits. **NOTE: We are not in contract with any dental managed care plans (ie: DMO, DHMO).**

- You will be responsible for any services not covered by your plan.
 - Financial arrangements for future treatment will be discussed at the time of your consultation. For some scheduled procedures a deposit is required. If your procedure is not covered by your plan, the balance is due in full prior to treatment.
 - At your request we can file insurance pre-determination. Please allow 4-6 weeks for a reply. **Pre-determinations are only estimates and do not always reflect exact reimbursement.**
 - Some insurance companies, **because we are not in their network** will reimburse you directly. Because of this, we require payment in full for all services if you have a similar policy.
 - As a courtesy, we will file your claims if you supply us with complete insurance information. Some procedures may be covered under your major medical insurance. Some procedures are covered only under dental.
 - Payment is due **60 days** after charges are incurred **regardless of insurance payment**. After this time, finance charges will be applied to your account at 1-1.5% per month (18%) per year.
 - All checks returned as “non-sufficient funds” will incur a **\$36 charge**.
 - **You will receive monthly statements as a reminder to follow-up with your insurance company.** Most patients receive at least one statement following their surgery. **Please contact your insurance 30 days after services are rendered** to be sure your claim is being processed. **Insurance reimbursement is ultimately the responsibility of the patient.**
 - In the event of an overpayment, **a refund will be promptly issued to the person listed as the guarantor on the account.**
 - Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or the patient’s Responsible Party, understands the McLain Surgical Arts has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. **The patient, or the patient’s Responsible Party, understands that they are responsible for all costs of collection including, but not limited to, all court costs and Attorney fees, and a collection fee will be added to the outstanding balance.**
- Appointments in our office are scheduled exclusively for you. Providing our staff with proper notification if a schedule change is required and allows our staff the opportunity to schedule another patient. We require that you provide our office with at least 24 hour notice if a schedule change is required. **Any missed, cancelled, or changed appointments without providing our office 24 hour notice will be subject to a \$75.00 fee. Also a \$150.00 rescheduling deposit will be applied for any missed surgical/dental procedures. This \$75.00 and \$150.00 fee is your responsibility and not covered by any provided insurance.**

Patient / Guarantor _____ Date _____