

**GATEWAY ORAL AND MAXILLOFACIAL SURGEONS OF ST LOUIS, P.C.
FINANCIAL POLICY**

Welcome to Gateway Oral & Maxillofacial Surgeons of St. Louis. We ask that you read and sign our financial policy prior to any treatment. To avoid misunderstandings, please ask us if you have questions about our policy.

Payment for Service: Our policy requires payment for services at the time service is provided. 50% down payment of estimated copay is required to schedule surgery after consultation. 100% down payment of estimated copay is required to schedule for premedicated surgery patients and hospital/surgery center patients. If special arrangements are needed, please discuss those arrangements with our Business Manager prior to your surgery.

Method of Payment: Our office accepts cash, personal checks, MasterCard, Visa, Discover and Care Credit.

Insurance: As a courtesy to you, we will verify your insurance benefits, estimate your approximate co-insurance (the amount you owe at the time of your appointment), and file your insurance claims. To do this we must have complete and accurate information from you.

1. Verification of benefits is not a guarantee of payment by your insurance company. Final determination is made by your insurance company at the time the claim is received.
2. An insurance estimate is not a guarantee that your insurance will pay exactly as estimated. Your insurance company determines the amount paid when they receive the claim. We will, of course, do all we can to make sure your estimate is as accurate as possible.
3. You are responsible for payment of estimated co-insurance, deductible, co-pay or non-covered services as stated in "Payment for Services" above. We will file all claims with your insurance company.
4. To determine exactly what amount will be covered by insurance, we can request predetermination by your carrier. This request may take up to four to six weeks to be processed by the insurance company.
5. All charges you incur are your responsibility. Your insurance policy is a contract between you and your insurance company. You are responsible for payment whether or not your insurance pays.
6. It is your responsibility to obtain required authorizations or referrals from the insurance company or primary care physician for each visit. Failure to have a current authorization could result in our rescheduling your appointment or requiring payment in full for all services relating to the appointment. If your insurance company denies payment, due to a referral not being obtained, you will be responsible for the full amount at that time.
7. We ask that you sign this form and any necessary documents that may be required by your insurance company.
8. Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not paid within 60 days, we will ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim has been denied, you will be responsible for the full amount at that time.

Non-Insured: If you do not have insurance, or our office is not a participating provider with your insurance plan, full payment is due at the time of service. When possible, we will work with any insurance plans we do not participate with on an out-of-network basis.

Patients with Medicare: We have opted out of the Medicare program; therefore, we cannot submit any claims on your behalf, nor can you. Should you decide to be seen in our office, you will be responsible for any charges at the time of service.

Patients with Medicaid: We are not providers of Medicaid. You will be responsible for your charges at the time of service.

Returned checks: Returned checks will be subject to a \$25 fee. We do not accept temporary checks. All checks are subject to approval through an automated check clearing house.

Collection fees: After 120 days, account will be sent to collection. If it becomes necessary for our office to enlist a collection service and/or legal assistance, ANY ADDITIONAL CHARGES RELATED TO THE COST OF COLLECTION (INCLUDING BUT NOT LIMITED TO; COLLECTION AGENCY FEES, ATTORNEY FEES AND COURT COSTS) WILL BE ADDED TO YOUR ACCOUNT.

Minor patients: The parent or legal guardian accompanying a minor is responsible for the payment of services. Regardless of insurance coverage, young adults (age 18 and over) are legally responsible for their account. A parent can also accompany them to their appointment and sign this financial agreement as primary responsible.

Divorced parents: The parent who brings the child to the appointment is deemed responsible for payment, regardless of who provides insurance coverage. Our office will not become involved in disputes over which parent is the responsible billing party.

Cancellation Policy: If you cancel your appointment the same day, you will need to prepay your estimated copay in full in order to reschedule your appointment.

I have read, understand, and agree to the above terms and conditions. I authorize my insurance company to pay my benefits directly to Gateway Oral and Maxillofacial Surgeons of St. Louis, P.C.

Signature of Patient or Legal Guardian/Parent _____ **Date** _____