

WELCOME! Dr. Ferrara and the Associates at Southern Oral Surgery and our staff are pleased to welcome you to our practice. We look forward to providing you with the most modern oral surgery care available.

FINANCIAL ARRANGEMENTS (Self-pay and Insurance Patients)

Prices quoted over the phone are only an estimate. An exact quote of services will not be given until the patient has been seen by the doctor. We require payment in full at the time of service of anything not covered by an insurance company.

Service charges of one and a half percent (1.5%) per month or eighteen percent (18%) annually will be added to your account after sixty (60) days to any unpaid balance. This amount will be your responsibility.

We accept Cash, VISA, MasterCard and Care Credit. We apologize, but **we no longer accept checks.**

INSURANCE INSTRUCTIONS (Insurance patients only)

We file your insurance claims as a courtesy to you. Professional services are rendered and charged to you, not the insurance company. Please understand that the contract is between you and the insurance company, and payment for the services is **your** responsibility. We do not determine the amount of coverage you will receive. This is done by your insurance company. Any questions you may have concerning your insurance benefits should be directed to your insurance representatives. We will be happy to submit your claim for you. We reserve the right to refuse accepting the assignment of benefits for some insurances.

At the time of service, we will call your insurance company and get an “estimated payment” for the services rendered. The “estimated” portion that the insurance company does not pay is required at the time of service, in full. After your insurance pays, you will be billed for the amount that differs from the estimate that was made at the time of the service. Should the insurance pay more than anticipated, we will issue a refund check to you. **If we are accepting assignment of benefits (payment from your insurance company), you are required to sign the following statement prior to the appointment even if your appointment is for a consultation:**

“I hereby authorize payment of benefits, otherwise payable to me directly to Southern Oral Surgery.

Insurance – THIS LINE MUST BE SIGNED BEFORE APPOINTMENT: X _____
Signed (Patient OR Parent/Guardian if Minor)

Cancellation of Appointment Policy:

We require 48 hours to cancel scheduled surgeries. Rescheduling/Cancellation fees apply.

X _____
Signed (Patient OR Parent/Guardian if Minor)

“I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for services and materials not paid by my insurance, unless the treating surgeon has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to this claim.” **The following line must be signed before your appointment, even for a consultation visit.**

I HAVE READ AND UNDERSTAND THE STATEMENTS OUTLINED ABOVE IN THE FINANCIAL ARRANGEMENT AND/OR INSURANCE INSTRUCTION SECTIONS.

X _____
Signed (Patient OR Parent/Guardian if Minor) Relationship to Patient Date

**** Please READ and SIGN Both Sides of This Page ****