

Carolinas Oral & Facial Surgery Center, Inc

FINANCIAL POLICY

Patient Name _____

Date _____ Doctor: Gaitros Kinnebrew Bufalini Good

The following financial arrangements are available:

Option A

PAYMENT IN FULL AT TIME OF SERVICE

1. Payment is expected at the time of treatment by cash, check, Visa, Mastercard or Debit card.

Option B

COVERAGE BY DENTAL OR MEDICAL INSURANCE

1. Fees for consultation and necessary x-rays are payable in full at the time of service.
2. All fees that total less than **\$450** must be paid in full at time of service. Upon payment by insurance company, any applicable refund will be forwarded.
3. As a courtesy to our patients, we will file with your insurance company. Patients should understand that all insurance predeterminations are **estimates only**. Prior to treatment, your estimated percentage of the total surgery/anesthesia fee is required. *(Please be aware that not all insurance companies pay for anesthesia. Should this occur, payment will become your responsibility.)* After your insurance has paid/denied, you will receive a final statement showing your remaining balance. The balance will be considered payable in full at that time. *Option C is available for patients wishing to finance their treatment.*

Option C

COMMERCIAL FINANCING AVAILABLE

PLEASE NOTE
**ACCOUNT BALANCES PAST 60 DAYS WILL BE CHARGED INTEREST AT THE
RATE OF 1.5% MONTHLY (18% APR)**

Signature of Guarantor

Printed Name

Date