



DR. CHRIS L. TYE, MD, DDS
DIPLOMATE, AMERICAN BOARD OF MAXILLOFACIAL SURGERY
FELLOW, AMERICAN ACADEMY OF COSMETIC SURGERY

Please understand that payment of your account is considered part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

All Patients must complete our Patient and Insurance Information form prior to seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE

WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, DISCOVER, OR AMERICAN EXPRESS

Regarding Insurance

We may accept assignment of insurance benefits. However, we do require that the estimated amount which your insurance will not cover be paid at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your **medical and dental** insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits, we require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill that account for the balance. *If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to your credit card or the extended payment plan.* Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary, or necessary under the medical or dental insurance.

In regards to Insurance Plans where we are a participating provider, all co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not a participating provider, or your insurance denies all or part of your bill, refer to the above paragraph.

Any discrepancy over benefits or payment of your claim is between you and your insurance carrier. We encourage you to call them if a discrepancy should occur.

Insurance Pre-estimate

Based on information given to us, we have explained your plan as it was explained to us. No final determination as to the benefits payable can be made until receipt of the claim. Benefits are subject to plan limitations (dollar amount allowed for a procedure) and exclusions and deductible. This is a pre-operative estimate ONLY and not a guarantee of payment. You will be balance billed for limitations and exclusions and any other balance not paid by, or denied by, your insurance company. This balance is due within a 30 day period after receiving your statement from this office. A determination of benefits can be obtained via a predetermination of insurance coverage, if requested. Please note that a predetermination of benefits IS NOT a guarantee of benefits from your insurance company. This process usually takes 30-45 days and will delay your treatment.

Responsible Party

The patient, parent or guardian, and/or guarantor of the insurance policy is deemed financially responsible for the patient's account.

Past Due Accounts

Any claim not paid after 60 days will be subject to a FINANCE CHARGE of 18% Annual Interest compounded monthly (1.5% per month) or a minimum of \$2.00 monthly.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read and understand the above statement, and understand my insurance coverage and the financial policy of Texas Oral Surgery Specialists, P.A.

Patient/Guardian (if patient is a minor)

Witness

Co-Responsible Party

Date

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