

Apex Oral Surgery

Michael I. Muul DDS PA

We are pleased that you have selected our office to provide your oral surgery care. As part of that care we have developed this statement of our financial policy.

Please read carefully. Sign and date below.

Financial Responsibility: Patients are responsible for all co-payments, deductibles, and charges not covered by insurance. Any estimates given to you are provided to our office by a representative from your insurance company. We will not become involved in disputes over coverage quoted by your insurance. Some insurance plans require co-payments. These payments are due at the time services are rendered. We accept Visa, Mastercard, Care Credit, and cash.

All account balances must be paid at the time of check-in or you must reschedule your appointment. Failure to pay outstanding balances will result in the practice forwarding your account to a collection agency/attorney of our choice. A monthly interest charge and a collection fee will be added to your account.

Referrals and Appointments: Some insurance companies require a written referral from a primary care provider. Referrals must be emailed, faxed, or presented at check-in. Having a valid referral is a patient's responsibility. Without a valid referral you will be required to reschedule your appointment or payment for your visit will be due in full.

Please help us serve you by keeping scheduled visits. If you are unable to keep your appointment, we require at least 24hr notice. Failure to provide notice will result in a broken appointment fee of \$85.00. We provide a 10 minute grace period for unavoidable delays such as traffic and inclement weather.

Please acknowledge that you have read and understand the office policies.

Patient/Responsible Party Signature

Date