

AHWATUKEE ORAL & MAXILLAFACIAL SURGERY, PLC
Dr. Gregory P. Edmonds
15215 S. 48TH. ST. # 158
Phoenix, AZ 85044

OFFICE INSURANCE POLICY

Ahwatukee Oral & Maxillofacial Surgery, PLC and/or Dr. Gregory P. Edmonds (hereinafter "We") welcome and encourage discussion of services and fees prior to treatment in order to avoid misunderstandings. Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor, but is usually not designed to pay the entire fee. Insurance coverage is variable between insurance companies, and even between individual policies within the same company. There are deductibles that must be fulfilled prior to payment of benefits, and many plans have annual maximum allowances that once exceeded, do not provide additional benefits.

Insurance companies use the terms allowable, U & C (usual and customary) and UCR (usual, customary and reasonable) when determining the portion of fees that they are responsible for paying. These fees are determined and agreed upon by the insurance company and your employer, and are often lower than the actual fees charged. Because the insurance contract is between the patient and the insurance company, it is ultimately your responsibility to pay the portion of the bill not paid by your insurance company. We do and will send unpaid fees to collection agencies and/or small claims court as necessary.

If you would like to know what your approximate financial responsibility will be for services to be rendered, we will gladly send a pre-treatment estimate to your insurance company for you to review. This process does require a consultation and x-ray, and can take three weeks or longer to receive a reply from your insurance company.

If you would rather proceed with treatment without a pre-estimate, we require a payment of 10% higher of the total fee at the time the service is rendered. When the insurance payment is received, any amount in excess of total fee will be refunded to you. Along the same lines, any balance remaining after insurance pays will be your responsibility. For any reason, if your insurance company has not paid your claim within 60 days, you will be responsible for the remaining balance. Our office will gladly continue to provide any information required to process the claims.

My signature authorizes the release of information requested by the insurance company, which is necessary to process my claim. I hereby assign payment of benefits otherwise payable to me to Dr. Gregory P. Edmonds. I understand that I am financially responsible for all charges not covered by my insurance company.

Please be aware that it is the patient's / guardian's responsibility to verify which providers are in network with their insurance plan. We do not bill Medicare

We do charge for Exams and all X-rays.

. If you have any questions, we will be happy to assist you.

Patient Name (Please print) _____

Responsible Party Name (Please print) _____

Signature of responsible Party _____ Date: _____