

AHWATUKEE ORAL & MAXILLOFACIAL SURGERY, PLC  
Dr. Gregory P. Edmonds  
15215 S. 48<sup>TH</sup>. ST. # 158  
Phoenix, AZ 85044 480-598-3006

### Statement of Financial Responsibility

Ahwatukee Oral & Maxillofacial Surgery, PLC and/or Dr. Gregory P. Edmonds (hereinafter "We") we welcome and encourage discussion of services and fees prior to treatment in order to avoid misunderstandings. We accept cash, all major credit cards, Dental Fee Plan financing and insurance for payment on your account.

### *We do not accept Personal Checks*

As a courtesy we will bill your insurance company for any benefits that you may be eligible for after receiving your estimated patient portion. For patients that are not insured, we do require payment in full at the time of service.

If for any reason there is a balance on your account after 60 days, a 1.5 % interest fee will be charged monthly until the balance is paid in full. We do and will send unpaid accounts to collection agencies and/or small claims court.

For patients under the age of 18, the parent(s) or guardian will be responsible for the account. In the case of divorce, we will not hold the non-custodial parent responsible for payment regardless of the divorce decree. We will accept the non-custodial parent as an additional responsible party with signed authorization, but the parent that brings the child to our office and requests surgery is ultimately responsible for payment.

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.

I understand that I am financially responsible for any balance and agree to be responsible for payment of all services rendered on my behalf or on behalf of my dependent(s).

Patient Name (Please print) \_\_\_\_\_

Responsible Party Name (Please print) \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_