

Canandaigua



Oral Surgery, PC

Canandaigua Oral Surgery, PC
500 North Main Street
Canandaigua, NY 14424
585.394.3322

Financial Policy

This document explains our policies regarding the financial aspect of your care and how your medical and/or dental insurance will apply to your account. Financial arrangements other than those indicated below will need to be discussed and approved by our office manager prior to seeing Dr Cary.

All fees are due and payable in full when services are performed unless other specific arrangements have been made and agreed upon prior to treatment. A finance charge of 18% annually will be added to any account that is 30 days or more past due. Accounts will be turned over to a collection service if over 90 days past due. Any accounts turned over to collection service will have an additional collection fee (100% account balance) added prior to turning the account over to collection services.

Payment can be made in cash, your personal check, money order, visa, mastercard, or discover card.

For our patients with insurance:

Please understand that insurance companies generally offer several different policies in a given geographic area. The patient/guarantor is liable for knowing the specifics of their policy.

Our office may participate with your insurance carrier. We abide by, but do not control, the fee structure and general policies that these companies require for participation and to maintain provider credentialing. All co-payments and "non-covered" amounts (non-covered services, services that exceed the patients' yearly maximum coverage, and contract specific exclusions) will be due and payable in full on the day services are performed.

For our patients who have policies with companies we do not participate with:

Accepting insurance benefits will be determined on a case/patient specific basis. For those cases where insurance is accepted, benefits will be assigned to be paid directly to Canandaigua Oral Surgery, PC. You will be required to pay the patient portion of fees in full when services are performed. We may be able to provide a relatively accurate estimate of coverage on the basis of experience with your carrier and policy. Determining a patient portion figure most accurately will require a predetermination of coverage claim sent prior to treatment. Following treatment and payment of patient portion you will be provided with a claim with all necessary information completed so that you can submit the claim for services yourself. In such cases, the policy holder will be paid covered amounts directly by the insurance carrier.

Agreement Acknowledgement:

Patient Name: _____

Patient/Guarantor Signature: _____