

JACK A. DAVIDSON, D.D.S., M.D., PLLC

Plastic, Maxillofacial & Reconstructive Surgery

FINANCIAL POLICY

Welcome to our practice. We feel you have made an excellent choice in choosing Dr. Davidson and his staff for your health care needs. We pledge to provide you with the highest level of service in the most efficient manner. In an effort to keep our patient's cost to a minimum, we ask that you make **PAYMENT IN FULL** at the time services are rendered, unless prior arrangements are made and approved by the office manager. **We require that you read and sign the financial policy prior to any treatment.**

DEPOSIT: A deposit is required to reserve any surgical appointment(s). This amount will be deducted from your final surgical bill. If a (48) hour notice is not provided to our office to cancel a scheduled surgical appointment or if the patient fails to show for their surgical appointment, this deposit will be forfeited. Deposit details will be addressed at the conclusion of your consultation appointment.

INSURANCE: We accept most major insurance plans. We will gladly file any necessary forms on your behalf; however, it is the patient's responsibility prior to any treatment, to confirm the details of their insurance benefits, obtain any necessary documentation (referrals, authorizations, etc.), and update our office on any changes in their coverage. Insurance is a contract between the insured and the insurance company and our office is not a party to that contract. Therefore, our office is not responsible for any erroneous information given to you by the insurance company.

COLLEGE STUDENTS: If patient is a full time college student, current proof of student status must be provided to our office to file with insurance claims. Not having this information on file will result in claims being delayed or denied by the insurance company. Therefore, if this documentation is not provided, our office will have to treat this situation as if there are not any insurance benefits available.

MINOR PATIENT'S/DIVORCE SITUATION: An adult/legal guardian must accompany any child under the age of 18 to **all** appointments. The person who brings the child to our office is responsible for full payment regardless of a divorce situation.

X-RAYS: A full mouth (panoramic) X-ray is usually required on each patient. Other types of X-rays may be acceptable at the discretion of Dr. Davidson. It is the patient's responsibility to provide us with a copy of a current full-mouth X-ray. If the patient does not have a current full mouth x-ray available, the patient may have one taken at our office. The patient is responsible for any costs associated with this service. Please note that once the patient has their initial evaluation with Dr. Davidson, the patient's x-ray becomes part of the his/her medical chart and will not be returned to the patient unless prior arrangements are made with our office.

NOTE: There is a \$25 charge for each form completed by our office (i.e. FMLA paperwork). Please allow 1-2 weeks for completion.

Thank you for choosing our practice. We look forward to meeting you and addressing your needs.

I have read the financial policy and I understand and agree to its terms.

Signature of Responsible Party: _____ Date: _____

Signature of Staff Member: _____ Date: _____