Thank you for choosing Dr. Jack Davidson as your oral & maxillofacial surgery provider. We are committed to providing you with the highest quality oral & maxillofacial surgery care so that you may fully attain optimum oral health. Our financial policy is intended to facilitate excellent service specific to your treatment.

**Fee Estimates:** this fee estimate provided by our office is an **estimate only.** If utilizing your dental insurance, we will work diligently to help you obtain the maximum allowable benefit. **All charges incurred with our office are your responsibility regardless of your insurance coverage**. It is your responsibility to provide our office with accurate insurance information and to thoroughly understand the coverage and expectations of your particular policy.

**Insurance processing**: All claim(s) are filed immediately following all services and benefits are expected to be paid within 30-45 days. You are responsible for any remaining balance due after your insurance company has paid their portion. Any claims not cleared after 60 days will result in any unpaid portion becoming patient responsibility. Please refer to the Explanation of Benefits provided by your insurance company after your claim(s) have been filed. Please note, Dr. Davidson not a Medicare/Medicaid provider.

**Payment:** Payment is expected at the time service(s) are rendered. Outstanding balances are due upon receipt. We accept Cash, all major credit/HSA cards, Cherry Financing and Care Credit. **A 3.5% credit card convenience fee will be applied to all payments made by credit card.** Balances over 30 days will accrue an allowable interest charge and processing fees. Delinquent balances over 90 days may be referred to a collection agency & an additional fees may be applied to your account. A $35.00 Returned Check fee (subject to change) will be charged on returned checks. A one-time statement will be mailed at the patient’s request. Additional requested statements will be mailed for an additional fee, subject to change.

**Hospital Cases**: a non-refundable $250 fee will apply to all cases scheduled at the hospital. This fee is in addition to the Facility Fee charged separately by the hospital.

**Refunds** are payable within (60) days of request to the Patient or Responsible Party on the account, if patient is a minor.

**Deposit for Surgery**: a NON-REFUNDABLE surgical deposit fee is required to secure all surgical appointments. The deposit will be applied to a rescheduled appointment, provided that 48 HOURS notice is given. \*Please refer to Surgical Deposit details on your Surgical Estimate following your consultation.

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

**By signing below, you are acknowledging that you have read and accept the policies listed above, have had all your questions answered and agree to pay for all treatment in a timely fashion as described so as to avoid any additional fees.**