

JOHN M. SISTO, D.D.S.

ORAL & MAXILLOFACIAL SURGERY
AFFILIATES, LTD.



Fellow
of the American Association
of Oral and Maxillofacial Surgeons

FINANCIAL POLICY

INSURANCE

We will be glad to submit your insurance forms for you and aid you in any problems with your insurance company. You must be aware, however, the ultimate responsibility for your financial obligation lies with you. We recommend you contact your insurance company to verify your benefits. On the average most insurance policies cover approximately 50% to 70%. Payment requirements are as follows: Charges up to and including \$300.00 are due in full. Charges over \$300.00 require either a payment of \$300.00 or 30% of the total, whichever is greater. Note, *we are not* on any medical HMO plans. However, it is possible that impacted teeth may be covered under your medical plan. We suggest you check with your insurance company first.

NO INSURANCE

Full payment is required as services are rendered, unless other arrangements are made with the staff.

EMERGENCIES

Payment in full is required at the time of services.

MEDICARE

Medicare does not cover dental procedures. In instances where Medicare may have coverage, *we do not* accept assignment as we are not contracted with Medicare.

SERVICE CHARGE

Any remaining balance after initial payments and insurance collection that is not paid within 30 days of the billing statement will be subject to a service charge. Also, insurance claims outstanding for three months will be considered as no coverage and payment will be due from you. The charge will be calculated each month on the amount of the unpaid balance after deduction payments or credits and before adding new charges. The minimum service charge is \$2.00.

MISCELLANEOUS

There will be a \$30.00 service charge on all returned checks. Any outstanding accounts after three months will be turned over for collection. You will be responsible for all legal and collection agency fees.

SIGNATURE _____

DATE _____