

Davis Oral Surgery and Dental Implant Center  
Steven H. Davis, DDS, PA  
2810 Wakefield Pines Drive, Suite 100  
Raleigh, North Carolina 27614

### **Financial Policy**

We require payment for examination and X-ray fees at the time of service. Payment can be made with cash, personal single-party check, MasterCard, Visa and Discover. We offer "Interest Free" financing through Care Credit upon credit approval. We require a down payment for surgical procedures with verifiable proof of insurance coverage, or 100% payment from patients without verified insurance coverage. If the payment to our office is greater than your remaining balance due, a refund will be made to the guarantor of the account. Please note that refund checks are processed and distributed by the 5<sup>th</sup> of the month.

We realize that the timing of some major procedures may not fall at a good time for you financially, and our office makes every effort to keep down the cost of your oral surgical care. If you have insurance, as a courtesy, we will call your insurance company to help determine your benefits and provide an estimate for your payment. We will also submit your claims to the insurance company. Please provide us with the correct insurance information. If a pre-estimate is requested, please know it can take four to six weeks for the insurance company to help determine your benefits and provide us with an estimate of your payment. The insurance that you have is a contract between yourself and your insurance company. Many people have dental and/or medical insurance, please remember insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Please realize, however, that we have no control over what your insurance policy "covers" or exactly "how" much they will pay for a given procedure, even after the service has been rendered. There are many different insurance companies and plans, it is important that you understand your benefits available for your particular coverage. It is your responsibility to pay deductible amount, co-insurance, or any other balance not paid by your insurance company including collection costs, attorney's fees & court costs.

**If your insurance company does not remit payment on your behalf within 60 days, the entire balance due is your responsibility. We recommend that you follow-up with your insurance company to inquire about the status of your claim approximately 30 days after the claim was made.**

We are providing you with this information so you will understand that you, and not your insurance company, are responsible for payment of our professional services. Regardless of insurance benefits, please be prepared to pay the entire amount. To prevent you from being surprised by the amount you will need to pay, and give you the opportunity to plan and prepare your finances, please discuss your fees prior to receiving our services. It is our policy that the parent requesting treatment for a dependent is responsible for payment of services.

**\*\*\*I have read this "Financial Policy" and understand that payment of all fees is my responsibility\*\*\***

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**Responsible Party Signature**

**Date**

**Witness Signature**

**Date**

**TO INSURANCE COMPANIES:**

**You are hereby authorized to pay directly to Dr. Steven H. Davis, and I further authorize the doctor to give a report of my condition to you upon request in writing.**

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**Responsible Party Signature**

**Date**