

OUR FINANCIAL POLICY

Thank you for choosing River Falls Oral Surgery for your surgical needs. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. Non-emergency treatment may be denied for patients who have an outstanding balance unless charges have been pre-authorized to a VISA/MASTERCARD, or payment by cash/check, is made before the treatment/service is performed by us.

We accept cash, checks, VISA, MASTERCARD, or DISCOVER CARD. Payment is due in full the day services are rendered for patients with no insurance.

As a courtesy to our patients, we will gladly file your insurance for you. We are equipped to file your claims electronically, which accelerates payment of your claim. The total charge for your care is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us correct insurance information and allow us to copy your insurance card. Your insurance is a contract between you and your insurance company. We are not a party to that contract.

By South Carolina Law, your insurance company is required to respond to any claims submitted within 60 days. If your insurance company has not paid any outstanding portion of your bill within 60 days, the balance is expected to be paid in full by you at that time.

Please be aware that some, or perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary by your insurance company.

Please be aware that some insurance carriers will deny receipt of your claim. We recommend that you follow-up with your insurance carrier within the next 30 days and advise us if there is a problem.

Please be aware that some insurance carriers will request additional information such as dental records, x-rays, etc., which, in our opinion, unnecessarily delays payment. We respond to each request as quickly as time permits.

We will gladly provide you with a copy of your claim after it has been submitted to your insurance company. However, we will only re-file your claim for you one time without an additional charge to you.

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. Many insurance companies will advise you that our fees are not usual and customary. This is an arbitrary determination and may be a stall tactic to avoid reimbursing you for benefits under your insurance policy. Should you feel you have been treated unfairly by your insurance company, we recommend that you communicate with the South Carolina Insurance Commissioner's Office for assistance at 803-737-6160, or you may write them at S.C. Insurance Commissioner, PO Box 100105, Columbia, SC 29202.

Thank you for understanding our financial policy. Please let us know if you have questions or concerns.

I have read the financial policy. I understand and agree to this financial policy.

Signature of patient (or responsible party)

Date: _____