

## **FINCANCIAL AND ADMINISTRATIVE POLICIES**

Thank you for choosing Big Island Oral Surgery for your surgical needs. Your safety and your comfort are our primary concerns. We strive to provide the highest quality care in a timely manner to our patients. Therefore, we feel it is important for our patients to fully understand their treatment plan, the fees involved, payment timeline, and methods of payment. Every patient is provided with our Financial and Administrative Policies for their information and reference. Please take a moment to read over our financial policy prior to your appointment.

All patients must present current insurance cards and a valid ID at registration. At the initial exam, you will be provided with a treatment plan, which will give you an estimate of fees. Not all services are a covered benefit. Benefits may vary on different insurance plans. Upon request we will also provide you with the necessary codes in the event you have questions for your insurance company pertaining to coverage.

### **Payment Options**

Payment options include cash, check, and all major credit cards.

All credit cards transactions carry a 2.99% fee to allow our patients the convenience of processing payments in this fashion. Cash, checks, debit cards, and Health Savings Account transactions carry no fee. Checks must be submitted and cleared 1 week before your scheduled appointment for treatment.

### **Payment Timeline**

Payment of balance is due in full at the time services are rendered. If the patient has dental insurance coverage, the patient is responsible for paying for the copay, deductibles, and non-covered services. If a procedure requires multiple appointments, payment is due in full at the first appointment.

Patients scheduling surgery with estimates in excess of \$500 are required to pay 50% at the time of scheduling and then 50% a week prior to surgery. Payment made by check must clear before this time.

### **Insurance**

Big Island Oral Surgery accepts:

Hawaii Dental Services (HDS) – Delta Dental

Hawaii Medical Service Association (HMSA) - Blue Cross and Blue Shield

As a continuing service to our patients with in-network insurance we will file a claim with your insurance carrier on your behalf. We will file secondary insurance as a courtesy if our office is in network with your secondary carrier. We do not verify your insurance coverage but will send a pre-determination to the insurance company on your behalf. If requested, we will ask for a written pre-determination of benefits from your insurance company. This usually takes four to six weeks. Surgery will not be scheduled until this is received.

Insurance estimates are provided for your convenience. Insurance policies vary greatly. Therefore, we can only estimate your coverage, but we cannot guarantee coverage. The payment obligation that we present you with is not a comprehensive estimate of your total insurance coverage, nor should it be considered a guarantee that insurance will pay the remaining charges. It is our best estimate based on the insurance information that you have provided. All claims are subject to final review by the insurance company. Please be sure to read your insurance benefits manual carefully. If you are in doubt as to

whether your surgery is covered, please contact your insurance company before treatment. We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from their insurance carrier. Please understand that estimates are not a contract between Big Island Oral Surgery and the patient. Insurance is ultimately a contract between the policyholder and the insurance.

We will allow your insurance company 30 days to remit payment. If your insurance company does not pay your claim within 30 days, you are expected to pay the entire balance due. If the balance is not paid after 45 days, interest will be automatically charged at a rate of 20% APR. After 90 days from date of service, your account will be turned over for collection if bill remains unpaid-no exceptions.

You must provide all applicable insurance cards and relevant information requested. If your insurance requires a referral, it is your responsibility to present it in order to schedule an appointment. If you fail to provide a referral, charges may apply for consultation as a self-referred patient. Any diagnostic or laboratory work, such as evaluation of biopsy specimens, performed by an outside provider or facility, are the responsibility of the patient. We ask that you help us process your claim by ensuring that all of your insurance information is kept current.

#### **Patients With Out of Network Insurance Coverage**

If your carrier participates in online claims submission, we will file a claim to your insurance carrier on your behalf. If not, we will provide you with the necessary information to file the claim yourself. Payment is due in full at the time of scheduling.

#### **Patients Without Insurance Coverage**

Full payment of fees are due at the time of scheduling your procedure. If surgery is scheduled, payment must be made in full prior to surgery or on day of surgery, no exceptions. Cherry, a third party lender, is available to all patients needing a financing option. We do not offer payment plans.

#### **Cancellations**

We require notice of cancellations at least 48 hours in advance. This allows us to offer the appointment to another patient. If you fail to keep your appointments without notifying us in advance, a missed appointment fee of \$25 will be applied to your account. A cancellation of surgery, including patient's failure to comply with pre-operative instructions, will incur a cancellation fee of \$100. Repeated missed or cancelled appointments may cause you to be discharged from the practice.

#### **Changes in Treatment**

In some cases, your condition may change prior to your scheduled surgery and it may be necessary to make changes to the treatment plan at the time of service. We will notify you of these changes if they occur. These changes may affect your out-of-pocket cost. You are responsible for additional fees associated with necessary changes in treatment.

#### **Anesthesia**

Anesthesia charges are in addition to any surgical procedures and are not always covered by insurance. It is in your best interest to contact your insurance company in advance to inquire about anesthesia coverage under your policy. Anesthesia is quoted based on the estimated amount of time the procedure will take. The actual time of anesthesia will be determined once the procedure is completed. It will be billed to insurance if coverage is applicable.

**Implants/Bone Grafting**

We will collect in full for dental implants and bone grafting unless we have written proof of insurance coverage. 50% down payment is required in order to reserve a position on the schedule. This allows the office to reserve or order patient specific materials for your case. Seven(7) days prior to your procedure payment must be made in full. This allows the office to commit time that will be dedicated to your treatment. If paying by check, the check must clear before this time.

**Refunds**

**All** refunds, including any overpayments, will be made by check. Third party lender refunds will be made to the lender. All refunds will be paid back to the patient that payment was intended for or their responsible party.

**Fees**

There is a \$35.00 charge for all returned checks. If your account is sent to collections, the balance will include a 30% collection handling fee.

We appreciate your trust and the opportunity to serve you. All our patients are very Important to us. If you have questions or need assistance regarding your account, please contact us at [info@bigislandos.com](mailto:info@bigislandos.com)

**Assignment of Insurance Benefits**

I hereby assign all dental benefits to which I am entitled and authorize direct payment of my insurance benefits to Big Island Oral Surgery. This includes Medicaid, and private insurance I may have. This includes services rendered to myself and or my covered dependents. Payment will be directly paid to Big Island Oral Surgery. I understand that it is my responsibility to verify insurance benefits and whether or not the services I am to receive are a covered benefit. I understand and agree that I am responsible for any amount not covered by my insurance or that that Big Island Oral Surgery is unable to collect from my insurance carrier for whatever reason. A photocopy of this is to be considered as valid as the original.

By signing this policy, I certify that I have read and understand the financial policy as stated above. I agree to meet my financial obligations in accordance with this policy. In addition to the above, I allow release of my medical/dental records to appropriate insurance and authorization to release Health information to a Health Care Provider. This information will be used for patient care as determined to be necessary by Dr. Rotwein.