



**LANZI/BURKE ORAL & MAXILLOFACIAL SURGEONS**  
**FINANCIAL POLICY**

We welcome you to our oral surgery practice. We are committed to provide you with the best care possible and appreciate your decision to choose our practice. We are happy to discuss your questions or concerns pertaining to your medical/dental care or about our billing procedures.

If you do not have medical and/or dental insurance, payment for services rendered is required on the day of your visit. You may pay by cash, check, Visa, MasterCard, MAC Debit, Discover, American Express or Care Credit.

If you have medical and/or dental insurance, we will submit your claims for payment as a courtesy. However, in order for our billing department to do this, you must bring in your insurance card(s) at the time of your visit. You must notify our front desk personnel if your insurance coverage changes at any time during the course of your treatment. We provide treatment costs and insurance **ESTIMATES** prior to procedures. We will **require** this amount **to be paid at the time of the visit**. However, account balance will not be determined until treatment is completed and all insurance claims have been processed and posted. Please remember you are responsible for ALL fees regardless of your insurance coverage.

**PLEASE NOTE: WE CAN ONLY ESTIMATE THE AMOUNT YOUR INSURANCE CARRIER MAY PAY TOWARDS YOUR SERVICES. FINAL DETERMINATION IS MADE BY THE INSURANCE CARRIER AND WE WILL BILL YOU FOR ANY REMAINING BALANCE AFTER THEY HAVE PAID! We strongly recommend that you also call your insurance carriers to check your benefits and we can assist you with any information required.**

**Medicare Patients:** Our doctors are participating providers with the Medicare Program. However, Section 2336 of the Medicare Carrier Intermediary Manual states that “items and services in connection with the care, treatment, filling, removal or replacement of teeth or structures directly supporting the teeth **are not covered**. Administration of anesthesia, diagnostic x-rays and other related procedures are not covered unless the primary procedure being performed by the oral surgeon is covered.

**HMO Patients:** If you have an HMO-type insurance, you must go to a “participating provider” in your plan to access your coverage. You are **required** to obtain a referral from your Primary Care Physician **prior to your visit**. You should also check with your insurer to determine if preauthorization is required for elective surgical procedures that you are scheduling.

**PPO, Point of Service and Managed Care Patients:** In order to obtain the **highest level** of coverage with these types of plans, you must choose an “in-network provider”. With the managed care and point of service plans, you must obtain a referral from your Primary Care Physician as well. Please check with your individual plan to obtain necessary information regarding referrals, in-network providers and pre-authorization requirements.

You will be held responsible for any balance remaining after our insurance billing cycle is complete. Patient shall reimburse the practice for all expenses incurred in collection of monies due and owing, including, without limitation, any/all collection agency fees, attorney fees and/or costs, whether or not a suit is commenced. It is agreed that 25% of the total amount due shall be deemed reasonable. You will be responsible for any charges arising from a dishonored payment, for any reason whatsoever.

If you have a question about a bill that you have received, please call our billing department at (856) 582-4222 (Revised 03/19)

Patient’s Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_