



FINANCIAL POLICY AND AGREEMENT

Thank you for choosing Oral & Facial Reconstructive Surgeons of Utah for your oral and facial surgery needs. This office is committed to providing the highest quality surgical care. The following is an explanation of our Financial Policy and Agreement which we ask you to read and sign prior to any evaluation or treatment. All patients need to complete the information and insurance form before meeting with the Doctor.

1. Each patient is responsible for his/her own bill.
2. Payment of all insurance co-payments and deductibles is required at the time service is rendered. Without WRITTEN pre-authorization from your insurance company stating the amount they will pay, 50% of our fee is due the day of surgery.
3. Patients who have no insurance are required to pay 100% of services rendered at each visit. We accept cash, checks and Visa/Mastercard/Discover.
4. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy, this office will submit bills to your insurance carrier. In order to facilitate claims processing, you must provide all insurance policy information and changes to our office. Your bill is your responsibility whether your insurance company pays or not. At times, you may need to contact your insurance carrier regarding slow or non-payment of your insurance claim.
5. If your insurance company has not paid your account in full within 60 days, the outstanding balance must be paid by you. After 60 days, there will be a finance charge of 1¾% per month (21% annual rate) charged to your account.
6. By signing below, you acknowledge receipt of this Financial Policy and Agreement and agree to pay collection costs and/or reasonable attorney's fees if any delinquent balance is referred to an agency or attorney for collection or suit.
7. A \$15.00 fee will be charged on all returned checks.
8. If this account is assigned to an outside agency for collection, I/we agree to pay all attorney fees, with or without suit, court costs, and a collection fee of 33.3%, which will be added to the outstanding balance of my account.

Usual and Customary Fees

Oral & Facial Reconstructive Surgeons of Utah rates for medical services reflect the usual and customary rates in the Salt Lake City area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates for service.

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE

Authorization to Release information

I hereby authorize Oral & Facial Reconstructive Surgeons of Utah to release all information concerning my medical treatment to my insurance carriers or referring physicians (if any).

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE

Authorization to Pay Benefits

I further authorize and direct said agency, attorney or insurance company to pay, from the proceeds of benefits of any recovery or insurance payments in my case, to Oral & Facial Reconstructive Surgeons of Utah, and/or Dr. Nathan Adams, and/or Dr. Michael Gladwell for professional services rendered. I understand this in no way relieves me of my personal responsibility for paying when a statement is rendered. It is understood that the signing of this form does not prohibit customary monthly billings.

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE