



GRANITE STATE ORAL SURGERY

80 Nashua Road, Building C
Londonderry, New Hampshire 03053
603-432-3308 Fax: 603-425-6165

32 Stiles Road, Suite 210
Salem, New Hampshire 03079
603-893-8630 Fax: 603-893-3697

We at Granite State Oral Surgery believe that every patient is entitled to the highest quality of oral and maxillo-facial surgical care available. Your health and well being are our first priority. We understand the consideration you give to the cost of your care. We encourage you to be familiar with your own insurance coverage, and we want you to be informed about your proposed surgery and the fees associated with your treatment to prevent any misunderstanding. We are available to discuss any concerns that you might have.

We participate with the following insurance companies:

Northeast Delta Dental (including USA/Premier programs) and Anthem Blue Cross Blue Shield medical insurance. As a courtesy, we will submit claims to other insurance companies which we do not participate with provided we have all necessary information regarding your coverage. Patients are still ultimately responsible for any fees insurance companies do not cover. We cannot accept responsibility for collecting insurance claims or for negotiating settlements on disputed claims. Payment is due at time of service. The amount due is determined by what insurance benefits you have available.

The methods for calculating co-payment are:

1. No insurance: Payment is due in full at time of service. Such payments may be made with cash, check, Visa/Mastercard, American Express. We also offer affordable financing options through Care Credit and Lending Club.
2. Participating Insurance Company: A deposit based on your individual benefits and the services being rendered will be calculated at time of service. Based on our experience, this is an approximate estimate of what is likely to be paid by your insurance company. Any insurance claims outstanding for more than 60 days will be billed to the guarantor on the account.

Balances after insurance pays: When a balance remains on an account, payment is due within thirty days. A finance charge of 1% will be added to the account each month that there is an outstanding balance. This represents an annual percentage rate of twelve percent (12%). Overpayment by Insurance: If your insurance company's correct payment results in an overpayment on your account, a refund will be issued to you.

Financial Understanding

I understand that Granite State Oral Surgery, PLLC, has not offered me any assurances or determination that my insurance will pay for my care. I understand that I may ask my insurance company for a pre-treatment estimate of benefits, but that I remain responsible for all fees not paid by my insurance. Understanding this policy statement, I accept financial responsibility to Granite State Oral Surgery, PLLC, for services rendered. I authorize release of any information relating to this claim. I authorize payment directly to Granite State Oral Surgery, PLLC, of insurance benefits otherwise payable to me. I also understand that if it becomes necessary to place this account with a collection agency, I will be responsible to pay an additional 35% of the outstanding balance to cover the collection costs.

Signature of Responsible Party

Date

Print Patient's Name

Witness

Date