

Dr. Harold A. Krueger II, D.D.S.  
Oral and Maxillofacial Surgery

**Financial Agreement**

**PAYMENT OF COINSURANCE IS REQUIRED AT TIME OF SERVICE**

If the patient does not have insurance, full payment is expected at the time of service unless other arrangements have been made prior to the date of surgery.

Insurance companies pay benefits based on fees that they determine according to contracts negotiated with employers. Insurance is designed to *help* patients pay for the care they need. Please understand insurance may not pay for the entire fee and in some cases may not cover the service at all. If this should occur, the patient or their responsible party is liable for the balance not covered by insurance. Our goal is to provide the best possible care to our patients, and to do this we cannot let any insurance company dictate those guidelines.

Patients who have dental or medical insurance should remember that professional services are provided and charged to the patient or their responsible party, not the insurance company. We will attempt to obtain an estimate of covered fees from the patient's *primary* insurance carrier, and will require payment of any deductible or non-covered portion of the fee at the time of each appointment or before. If we are not able to obtain an estimate from the patient's insurance company before the time of service, we will require payment in full at the time of service. We will submit claims for secondary insurance only if the account is paid in full.

We will refund any overpayment to the responsible party. If, after a refund is made, the insurance company determines that an insurance overpayment has resulted, you will be responsible for repaying the amount demanded by the insurance carrier. If a third-party financing option is used (CareCredit), refunds will be made directly to the third-party financial source.

We will submit insurance claims for the patient unless other arrangements have been made. Filing insurance claims from our office is a courtesy we extend to our patients - not an obligation.

If the patient's insurance company requires predetermination of services, it is the patient's responsibility to notify our office sufficiently prior to the date of service to obtain that predetermination.

The parent that accompanies the child to the office will be responsible for the fees.

If the patient's insurance company's payment exceeds our estimate of their covered fees, the responsible party will be reimbursed for the paid amount. If the reimbursement is less than the estimate, the responsible party will be billed for the balance and payment in full is due upon receipt.

Sixty days will be allowed for the patient's insurance company to process the claim. **If, after sixty days, no notice has been received from the insurance company, the responsible party will be required to contact them directly and payment is due in full at this time.** The account will be subject to a finance charge of 12% APR. **Please note a \$35.00 fee will be assessed for all returned checks.**

If any balance is overdue and legal and/or collection assistance becomes necessary, the responsible party will be liable for charges incurred.

***This signature is on file as my authorization for the release of information necessary to process my claim. I hereby authorize payment directly to Harold A. Krueger II, DDS of the insurance benefits otherwise due me. I have read the above financial policy and agree to the terms outlined therein.***

Today's charges will be paid by:

- Cash
- Credit Card
- Check

Patient/Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_