Concord and Lexington Oral Surgery Associates
BILLING POLICY AND ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

- **FOR PATIENTS WITH NO INSURANCE:** Payment is expected in full at the time service unless other arrangements have been made in advance.

- **FOR INSURANCE COMPANIES WE CONTRACT WITH (IN NETWORK):**

Co-payments, Co-Insurances, Deductibles and Non-Covered services are due at the time of your visit. I authorize payment of benefits medical or dental to Concord & Lexington Oral Surgery Associates for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. If my insurance requires a referral and I do not request one, I will be responsible for payment.
List of Insurances we contract with: Medical - Blue Cross Blue Shield, Harvard Pilgrim, Tufts, Medicare.
Dental - Delta Dental Premier, Dental Dental Open Plan, Blue Cross Blue Shield Dental of MA, Basix Student Dental Discount Program.

- **FOR INSURANCE COMPANIES WE ARE NOT CONTRACTED WITH (OUT OF NETWORK):**

It is our office policy to collect the fee for services rendered in **full** the day of service for all insurance companies we are not contracting providers with. We will then submit a claim to your insurance company on your behalf with authorization of payment to be sent directly to you.

- Although we strive to try and provide you with accurate insurance benefits and estimates, benefits quoted to us by your insurance company are never a guarantee of payment. **We are not responsible for benefits misquoted to us by your insurance company.** Please be aware that you are ultimately responsible for payment of your account, regardless of your insurance status. Your prompt payment will be expected for any charges that are rejected by your insurance and for balances that remain after insurance payment is made. Likewise, if it is determined that your insurance responsibility should have been less, you will receive a refund of your overpayment. We also highly recommend that patients check their own insurance benefits.

- Please understand we are also not responsible for any incorrect insurance information provided to our office. It is your responsibility to provide us with accurate up to date insurance information. If your insurance changes during the course of your care with our office it is your responsibility to give us that new information. Insurance companies have filling time limits and if we are unable to properly bill your insurance in time due to incorrect information provided to our office you will be responsible for those charges.

- Insurance laws require us to establish a set fee schedule that is charged to all persons regardless of their insurance status. To do otherwise would be considered **insurance fraud** and is illegal. Therefore, by law we must collect any portion of your balance as dictated to us by your insurance company including co-pays, deductibles and remaining balances.

FOR ALL INSURANCE IN OR OUT OF NETWORK:
I, the undersigned, authorize Concord & Lexington Oral Surgery Associates to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions relating to my dependents or myself.

Health Insurance Portability and Accountability Act of 1996 - Notice of Privacy Practices:
- I, hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices.

I certify that I am over 18 years old and that my signature below acknowledges that I have read and agree with the above statements.

_____
Please print your name

Sign: _____ Date:_____
Insured or authorized person's signature

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) such as: parents, or other family members or friends. (For minors, please list anyone we can speak with other than the custodial parents or legal guardians.)

Name:_____DOB:_____

Name:_____DOB:_____

Name:_____DOB:_____