

PATIENT FINANCIAL NOTICE

Please be advised that Raritan Valley Oral And Maxillofacial Surgery P.A. does not represent any insurance company, nor is Raritan Valley Oral and Maxillofacial Surgery P.A. responsible for any determinations made by your insurance company.

Insurance policies are agreements between the patient and the insurance carrier. It is the patient's responsibility to understand their policies and guidelines as to covered or not covered procedures. We check your benefits as a courtesy to you. PLEASE NOTE: We do not know if your insurance carrier covers your consultation or xrays. This is the patients responsibility to know this before making an appointment in our office. We are not responsible in any way for your benefit determination.

The patient is responsible for all deductibles, co-payments at the time of treatment visit. If co-payments are not made at the time of treatment visit, this voids contract with your insurance carrier, and you may be responsible for the entire bill at the office's usual and customary rates. If you are not prepared to pay the co-payment at the time of treatment please advise the front desk and we would be happy to reschedule you for a later date.

I hereby authorize Raritan Valley Oral & Maxillofacial Surgery P.A. to submit claims electronic or manual to my insurance carrier.

Otherwise, I understand the office policy noted above, as it pertains to my insurance, guidelines, and rules.

Signature _____ *Date* _____

Please also be advised that there is a \$25.00 cancellation fee if you do not cancel within 24 hours.

**WE ACCEPT CASH OR CREDIT CARD ONLY—NO
PERSONAL CHECKS**