



Jordan Oral and Maxillofacial Surgery
Robert D. Jordan, DDS

Financial and Insurance Policy

PLEASE READ CAREFULLY AND SIGN

Basic financial policy: Payment in full for services rendered, We accept check, cash, debit cards, MasterCard, Visa, Discover, American Express, and Care Unit

Patients with insurance: As a courtesy to our patients we do accept assignment of benefits and will bill your insurance carrier provided proper paperwork is provided. Patients without proper insurance identification will be considered private pay and will be responsible for their balance on the day of service. It is the patient's responsibility to provide us with correct billing information. Incorrect information may cause delays in payment of your account. We will expect you to begin making "good faith" payments in the event your insurance processing goes over 90 days due to incorrect billing information given on the day of service. It is our policy to collect a 20% co-pay on the day of service in addition to any deductible that has not been met. We do our best to determine what your insurance will pay, but this is not always possible. You may owe an additional balance or we may owe you a refund.

Some benefit plans require pre-authorization and a specialist referral form from the primary care physician. It is your responsibility to know your insurance requirements. It will be helpful for you to call your insurance company prior to your appointment day to determine if you need any prior authorization.

It is your responsibility to know if your dental plan has a maximum payout per year and to know how much of this you have used for the year. (Some plans have a \$1000.00 maximum, and some may have \$1500-\$2000 maximum per year).

Primary Insurance Company _____ ☐ Medical ☐ Dental

Name of Subscriber _____

Group # _____ ID # _____ Date of Birth _____

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Group # _____ ID # _____ Date of Birth _____

Workman's compensation: We require the necessary insurance billing and employer authorization.

Personal injury cases: This office does not accept liens or bill auto accident, liability, or lawsuit-related case. The patient is responsible for payment at the time services are provided.

Divorced parents: We will be glad to bill the parent responsible for your child's account. However, both parents are responsible for a minor child's bill and both parents will be held accountable. We are not a party to your divorce decree. It will be up to the parents to determine "who owes what."

MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF JORDAN ORAL AND MAXILLOFACIAL SURGERY

I will be paying today by: ☐ Cash ☐ Check ☐ Credit Card ☐ Care Credit

Signature of Responsible Party / Insured _____ Date _____

Signature of Human Resource Director _____ Date _____