

Appalachian Oral Surgery Center

3433 University Avenue, Suite 1

Morgantown, WV 26505

Office: (304) 322 - 4532

Financial Policy

Utilizing Insurance: Please keep in mind that your insurance policy is a contract between you, your employer, and the insurance company. We must emphasize that as dental care providers, our relationship is with you, not your insurance company. Any insurance benefits received are based on the terms of the contract chosen and may be an estimate of coverage; thus, we encourage you to read your policy so that you are fully aware of coverage and any limitations of the benefits provided since AOSC is not a party within the contract.

Please assist us with the necessary information regarding your insurance so we can help you achieve your maximum allowable benefits. While the submission of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Any payment from your insurance company that you receive is based on the terms & conditions of your policy. If we receive your insurance check, we will contact you immediately to confirm your mailing address and mail the check to your home.

Scheduling Surgery: Due to the increased number of patients seeking surgical care in the community, a \$50 (single extraction) or \$200 (multiple extractions, wisdom teeth, dental implants, sedations) deposit is required to schedule the appointment. This deposit will be applied to the total treatment amount at the time of surgery.

Cancelling Surgery: Please notify the office at least 3 business days prior to your appointment to be refunded the initial deposit. The initial deposit is non-refundable if cancellation is not within 3 business days.

****For IV Sedation:** If you arrive to your appointment without a responsible driver and/or have ate or drank in the last 8 hours, surgery will be rescheduled, and any deposit will be **non-refundable**.

Payment Regarding Lab Fees: Any fees associated with lab costs pertaining to your treatment must be paid prior to submission.

Payment with Checks: Typically, we do not accept personal checks; however, if by chance we do make an exception, returned checks will be subject to a \$45 fee.

I have read, understand and agree to the above terms and conditions provided by Appalachian Oral Surgery Center.

Patient or Guardian name (printed): _____

Patient or Guardian name (signature): _____

Date: _____