

Michael La Puma D.M.D.
Oral and Maxillofacial Surgery
FINANCIAL POLICY

Thank you for choosing us as provider members of your health care team. We are committed to your successful treatment. Please understand that payment of your bill is considered part of your treatment. Examinations/Consultations are a billable service. All services rendered by our office, including Exams/Consultations, are billable to the patient. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

PAYMENT IS DUE AT THE TIME OF SERVICE
WE ACCEPT CASH, CHECKS, OR VISA/MASTERCARD
WE OFFER AN EXTENDED PAYMENT PLAN THROUGH CARE CREDIT

Regarding Insurance:

We are out of network for most insurance companies. We require payment at the time of service. We will bill and pre-authorize treatment with your insurance company given the correct information. The balance is your responsibility whether your insurance pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Fees are subject to change without prior notice.

Adult patients:

Adult patients are responsible for payment at the time of service.

Minor patients:

A parent or guardian must accompany minors. The parent or guardian is responsible for payment. For unaccompanied minors, treatment will be denied.

Thank you for your understanding of our Financial Policy. Please let us know if you have any questions.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Name of Responsible Party (print) _____

Signature of Responsible Party _____ **Date** _____