

# BLUEGRASS DR. WILLIAM JASON BARKER ORAL & MAXILLOFACIAL SURGERY

## STATEMENT REGARDING FINANCIAL ARRANGEMENTS AND INSURANCE

We are committed to provide you with the best possible care. If you have dental or medical insurance, we work diligently to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

**PAYMENT FOR SERVICES & INSURANCE CO-PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED.** If we are a provider for your insurance, we will be happy to file your claim form for you; however, you are responsible, on the day of service, for your estimated co-pay and any deductible and are responsible for any unpaid balance after 90 days, regardless of insurance pending. If we are not a provider, we will still be happy to file your claim. You are responsible for our fees day of service. We accept cash, checks, MasterCard or Visa. As of June 1, 2007, all returned checks will be charged a \$25.00 fee.

Balances older than sixty (60) days may be subject to additional collection fees and an interest charge of 1.5% per month. **Balances older than sixty (60) days must be paid in full, regardless of insurance still being processed (claims pending).** Unpaid balances, greater than 90 days, are subject to being turned over to a collection agency.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore, are covered up to the maximum allowable determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R." as defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies. After insurance payment, any remaining balance is the patient's or guarantor's responsibility.
3. Not all services are a covered benefit in all contracts with your insurance.

We must emphasize that as a health care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, **all charges are your responsibility from the date the services are rendered and are due in full by the 90<sup>th</sup> day regardless of pending insurance claims.**

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you!

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

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**I authorize payment for services to be sent directly and payable to the provider.**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Witness

If Bluegrass Oral and Maxillofacial Surgery, P.S.C. is unable to reach me by phone, they have my permission to contact the following persons and convey to them any necessary private healthcare information pertaining to my treatment.

**For example:** confirmation of appointment time, scheduled hospital surgery, post operative follow up, etc.

1. \_\_\_\_\_ Phone # \_\_\_\_\_

Relation to patient: \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

Relation to patient: \_\_\_\_\_

3. \_\_\_\_\_ Phone# \_\_\_\_\_

Relation to patient: \_\_\_\_\_

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I have been given the opportunity to review the office **Notice of Privacy Policies and the Patients Rights Policies.**

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**Signature and Date**