**WHEELER & SEUL ORAL SURGERY**

**John Seul, D.M.D., M.D.**

**Stephen L. Wheeler, D.D.S.**

**FINANCIAL POLICY**

Thank you for selecting our office for your oral surgery care. We are committed to providing the highest level of quality care. Please understand that payment for services rendered is part of your treatment. Outlined below is our financial policy. Please read it carefully and sign below indicating that you understand our policy.

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1. Full payment is due at the time services are rendered. We accept cash, checks, all major credit cards, CareCredit and Lending Club.

2. We accept CareCredit and Lending Club for extended monthly payments. Both no interest and interest options are available. Please let us know if you are interested in either option.

3. When your total treatment fee is greater than $2200.00, you may elect to pay in **FULL** your entire case fee and receive a 5% courtesy with cash or check only. ( No credit/debit/HSA cards)

4. If you have dental insurance, we will attempt to obtain a basic breakdown of your individual dental benefits, determine what benefit is available and hold that amount as a balance while filing a claim on your behalf. Any amount determined to be out-of-pocket will be due on the day of the procedure. Any amount NOT covered by your dental insurance is the patient/parent responsibility.

5. If you have dental insurance and request we submit a pre-determination of benefits and we receive it prior to your procedure, you will be expected to pay the portion not covered by your insurance at the time of service. Be aware that a pre-determination is still not a guarantee of payment, and that you are directly responsible for the payment of all fees. Also be aware that pre-determinations may take 4 - 6 weeks.

6. For dental implant treatment: We can collect 1/2 of your total treatment fee(s) and the other 1/2 can be divided into 3 equal payments with a credit card on file for automatic payments.

In the best interest of your dental health, your treatment plan will be based on the diagnosis by Dr. Seul and Dr. Wheeler, and you will be informed of the estimated cost of your treatment.

\*\*\*Our patients with dental insurance\*\*\*: We will gladly assist you in submitting/collecting any benefit available. We will require you to provide our office with complete insurance information to include the name of your insurance carrier and their claims mailing address, the insured's person name, date of birth, member ID (which may be the SS#) group # & employer information. If your insurance company has not paid your claim within 90 days, you will be expected to pay the total balance owed.

*I have read and understand the above*:

Patient or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

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