

POMERADO
ORAL & MAXILLOFACIAL SURGERY

Gateway Medical Center • 15725 Pomerado Road • Suite # 205 • Poway, CA 92064 • (858) 451-0200 • Fax (858) 451-0250

Dental Practice Policy

"Thank you for choosing our office for your dental and oral surgery needs. We appreciate your confidence, and are committed to providing you with the highest quality dental care available in an efficient and professional manner. If you have any questions about these important office policies, please feel free to ask us."

-Dr. S. Steven Podstreleny and Dr. Holly Hatt

PAYMENT AND BILLING: Payment is due at or before the time of service, including estimated insurance co-payments. As a courtesy, we will file your insurance for you; however it is just an estimate and not a guarantee of payment. All services, regardless of insurance payment are the sole responsibility of the patient. Financing must be approved at least 24 hrs prior to treatment. Financing applications are available for patients that are interested. We do not accept checks. Any account that is 90 days past due will be referred to an outside agency which will cause additional collection and legal fees.

CANCELLATIONS AND MISSED APPOINTMENTS: We require at least one full business day's notice if you must reschedule or cancel your appointment to avoid a charge of \$75 per appointment hour. In fairness to all of our patients, we cannot make any exceptions to this policy. We will make every effort to remind you of your appointment by calling 1-2 days prior, but we cannot guarantee that we will be able to contact you. Please make a note of your appointment time on your calendar rather than relying on a courtesy call.

TREATMENT PLANS: We will provide you with a written treatment plan, including estimated costs. All charges for services provided are ultimately your responsibility, even if our original estimate differs from the final cost. We are happy to discuss your treatment plan and fees in detail prior to treatment and answer all of your questions.

DENTAL INSURANCE: Dental/Medical insurance claim filing is a courtesy we extend to our patients. Insurance is a contract between you, your employer and the insurance company. We have no influence over these arrangements. It is your responsibility to understand your insurance benefits and limitations: not all services are covered by insurance. Because each policy is different (sometimes even for patients with the same employer) we may not know in advance what will or will not be covered. We are a preferred provider for most dental insurance companies to help patients maximize all benefits. If your insurance plan or benefits change, it is your responsibility to let us know so that we may better estimate your coverage. Our written treatment estimates are based upon verbal information provided to us by your insurance company, but are not a guarantee of coverage. If your coverage is different than estimated, we will refund or bill the difference to you based on the explanation of Benefits (EOB) from your insurance company. In the rare instance that your insurance does not pay your claim(s) within 60 days after treatment, the outstanding balance will be billed to you and is due immediately. If you have dual insurance you will be responsible for filing the second insurance unless prior arrangements are made with the general manager.

X-RAYS: X-rays are one of the most important diagnostic tools in the dental/oral surgery office. At this office, we use digital x-ray equipment to minimize radiation exposure. Our standard of care requires a complete series or panoramic x-ray for all adults and most children. In rare cases we may need to only take a single PA x-ray. These films check for decay, fractures, abscesses, cyst, lesions and pathology in the roots, sinuses, nerves and jawbones. We are not able to provide any dental services for patients without proper diagnosable x-rays. If you have recently had x-rays taken and brought them with you to this visit, we will use those x-rays if they are meeting the standard of care. If you do not have any x-rays with you, we will take necessary x-rays on your first visit and any fee will be the responsibility of the patient unless eligible based on insurance estimates. Please note that some insurance companies limit frequencies on x-rays and no coverage will be available.

PRIVACY AND CONFIDENTIALITY: As per the Health Insurance Portability and Privacy Act (HIPPA), our office keeps all of your information strictly confidential. We will use your information to communicate with your insurance company and any outside source involving delinquent accounts. **In no event will we use or disclose your Part 2 Program record or testimony that describes the information contained in your Part 2 Program record in any civil, criminal, administrative or legislative proceedings by any Federal, State or local authority against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.**

ACKNOWLEDGMENT: "I have read the above statements and agree to these policies and received a copy of the privacy policy"

Patient Signature (Guardian)

Printed Patient Name

Date