

WOODINVILLE ORAL & MAXILLOFACIAL SURGERY, Inc.

Ralph K. Zech D.D.S., M.S., P.S. & Associates
Board Certified Oral & Maxillofacial Surgery
Fellow American College Oral & Maxillofacial Surgery

A Word About Our Financial Policy *We request that all patient/responsible parties please read*

The goal of this office is to extend the finest diagnostic surgical and post-operative care to our patients, and to render this care in a professional and compassionate manner. In order to achieve this goal, we must deal with our patients responsibly. To properly do so requires the adherence to certain policies.

Payment for Service:

The payment of medical and dental bills is a matter of patient responsibility. We realize that there can be extenuating circumstances which may make it difficult to pay the entire amount at the time of service, and our business office personnel may be able to develop a suitable payment plan. Please understand that we have no extended payment plans. We make every effort to keep the cost of your medical and dental care to a minimum. We accept Mastercard, Visa, Discover and American Express.

Insurance Coverage:

Oral and Maxillofacial surgery is a mixture of medicine and dentistry. Because of this mix, some of our services will be covered by either medical insurance, dental insurance or both. We will be happy to assist you in filing your insurance claim. We participate in a number of dental/.medical insurance plans including Washington Dental Service and King County Medical Blue Shield. You will need to provide all pertinent information to process the claim, including your insurance company's phone number and complete address, and date of birth and social security number of the subscriber. Insurance billing is a courtesy we are happy to provide, but please understand that this is an agreement between you and your insurance company. **YOU ARE RESPONSIBLE FOR PAYMENT OF YOUR BILL REGARDLESS OF THE STATUS OF YOUR INSURANCE CLAIM. ANY FEES NOT COVERED BY YOUR INSURANCE ARE YOUR RESPONSIBILITY.** Some procedures done in our office require laboratory work or extensive x-rays. Any fees incurred by these outside facilities will be billed by that facility and payments to these facilities are the Patient's responsibility. As benefits vary from plan to plan, we encourage you to check your policy so that you will be aware of the amounts that you will be personally responsible for, including any deductible or copays. You are expected to pay the percentage not covered by your insurance company at the time of your appointment. Any failure by the insurance company to remit payment within 60 days from the date of service shall transfer the total responsibility for payment of the account to the patient. Your benefit assignment does not take the place of your responsibility to pay for services received.

Statements: As payment is the responsibility for the patient, you will receive a regular monthly statement until the account is paid, even though we are waiting for payment from your insurance company.

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