

# THE FACIAL SURGERY CENTER

## ORAL-FACIAL & DENTAL IMPLANT SURGERY

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### Written Financial Policy

Thank you for choosing The Facial Surgery Center. Our primary mission is to deliver the best and most comprehensive treatment available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

#### Payment Options:

You can choose from:

- ◆Cash
- ◆Check
- ◆Visa/MasterCard/Debit
- ◆Care Credit (for our cash patients)

- NO INTEREST<sup>1</sup> Payment plans<sup>2</sup> from Care Credit
  - Allow you to pay over time with NO INTEREST<sup>1</sup>
  - Convenient, low monthly payment-plans also available
  - No annual fees or pre-payment penalties

Please note:

To secure your surgery date, it is the policy of The Facial Surgery Center that any out-of-pocket expenses and co-insurances greater than \$300.00 be paid two weeks prior to surgery.

Any patients with out-of-network insurances are considered cash patients; however, we will submit a claim on your behalf for possible reimbursement to you if you have opted for out-of-network benefit coverage. We will work with your insurance companies to maximize your insurance benefits. You will be responsible for any deductible, coinsurance, or co-payments that apply to your policy. You will be responsible for all costs that are denied by your insurance company.

The Facial Surgery Center charges a \$50.00 fee for any returned checks for insufficient funds. In the event you use your credit or debit card for payment and you cancel your appointment, you will be refunded the amount charged minus any fees incurred by The Facial Surgery Center from your credit- or debit-card company.

I understand that because of unexpected circumstances, the treatment, the fees for treatment, and/or the materials may require some changes after the actual care has begun. I understand such changes may incur additional fees, and I will assume the financial responsibility for such fees.

Balances after insurance that are over 120 days will be turned over to collection if not paid in full.<sup>3</sup>

If you have any questions, please do not hesitate to ask. We are here to help you get the treatment you want or need.

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Patient, Parent, or Guardian Signature

Date

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Patient Name (Please print)

<sup>1</sup> If paid within promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup> Subject to credit approval.

<sup>3</sup> However, if we do not receive payment from your insurance carrier within 120 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.