Idaho Oral & Maxillofacial Surgery, PC

Timothy T. Hopkins, DDS, MS

Thank you for choosing Idaho Oral & Maxillofacial Surgery. We are committed to the highest level of patient care and successful treatment. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

We will bill your insurance for you when applicable as a courtesy. We must have a copy of your card on file. As health care providers, our relationship is with you, not your insurance company. It is your responsibility to follow-up with your insurance and make sure they have received all of your claims. If you disagree on any payments or denials made by your insurance carrier, you must take appropriate action with them to file an appeals. Payment is your responsibility whether your insurance company pays or not. Please be aware that some, and perhaps all services provided may be non-covered services and not considered reasonable and customary or necessary under the Medicare/Medicaid program and/or other dental/medical insurance. **We contact your insurance and the benefits that we receive are not always true and accurate so therefore <u>you may be balanced billed</u>**. If a third party payer is to be billed 50% of the estimated fee will be required prior to treatment. All co-pays and deductibles are also due prior to treatment. **_____(initial)**

Dr. Hopkins would enjoy the opportunity to extend professional courtesy discounts; however, we have been advised against this practice as it is in violation of the Health Care Financing Administration guidelines. Idaho Code Section 41-348 prohibits the regular practice of waiving, rebating, giving, paying (of the offer to do the same) a claimant's deductible. This practice is also illegal under federal law. (2002 OIG Special Advisory Bulleting "Offering Gifts and Other Inducements to Beneficiaries.")

In accordance with the HIPAA Act of 1996, False Claims Act and the anti-kickback stature, we regret that we are unable to extend discounts except in extreme financial hardship cases.

Finance Charges – will be charged to any unpaid accounts after **90 days** from the date of service.**_____(initial)**

We will bill your claim to your insurance carrier; however, any correspondence that occurs will be between you and your insurance carrier. Payment is expected at the time of service unless other payment arrangements have been made. I agree to forward all payments to Dr. Timothy T. Hopkins office for services provided to me.

Your signature below signifies your understanding and willingness to comply with this policy.

Signature_____ Date:_____

(Parent/guardian signature required if you the patient are under the age of 18)