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## Newhall Oral and Maxillofacial Surgery Group

Dr. Landa, Dr. Mizin,  
Dr. Scaramella, Dr. Marechek  
23450 Lyons Avenue  
Santa Clarita, CA 91321

661-254-0390

### OFFICE PAYMENT POLICY

The following is an outline of our office payment policies. Please acquaint yourself with them and then sign below to acknowledge your understanding and acceptance of them.

#### FEES

Please feel free to discuss our fees with us at any time. Before any dental treatment begins, the patient and/or responsible party will receive a consultation regarding treatment plan and cost. We attempt to keep our fees at a fair level that reflects the quality of care provided in our office. Prompt payment will enable us to keep our fees lower for everyone; therefore, **payment is due at the time services are rendered.**

We accept cash, check (returned check fee \$35), and all major credit cards.

#### INSURANCE

As a courtesy to our patients with insurance, we will file your insurance claim and allow you to pay only your deductible and/or estimated co-payment as services are rendered. Please remember that the contract is between you and your insurance company, and **your total balance in our office is always your responsibility.** We make every effort to give you an accurate estimate of what your portion of our fees will be, based on information provided to us. However, we have no way to guarantee the actual terms of your insurance policy. If for any reason there is a balance remaining after your insurance company's payment, you will be sent a statement. Disputes regarding reimbursement or the amount of reimbursement are between you and your insurance carrier.

#### PAST DUE ACCOUNTS

Account aging begins the day your charges are incurred. Accounts that are ninety days past due will be turned over to a third party collection agency. We dislike doing this and will do so only if all other efforts to collect your unpaid balance have failed.

I have read, understand and agree to adhere to the financial policies outlined above.

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Signature

Date