



Jerry L. Jones, M.D., D.D.S.
Diplomate American Board of Oral & Maxillofacial Surgery

Wai Pong Ng, D.M.D.
Diplomate American Board of Oral & Maxillofacial Surgery

Joshua Stone, D.D.S.

(505) 797-3530 • 5900-A Cubero Dr. N.E. • Albuquerque, NM 87109

FINANCIAL POLICY

The physicians and staff of Southwest Oral & Maxillofacial Surgery Associates are committed to provide each of our patients with quality health care in a way that is financially responsible for both our patients and our practice. We agree to accept assignment from many insurance companies and when possible, review dental/health care options based on cost. In return we expect all our patients to:

If you have insurance that we accept, we expect you to:

- Pay your copay, deductible amount or coinsurance amount at the time of service
- Be responsible for understanding the details of your insurance coverage, requirements for prior authorization for procedures, annual deductibles and copay/coinsurance amounts
- Bring a current copy of your card to every visit and notify us of any changes in insurance coverage. If we do not have current insurance billing information, we will expect full payment for care at the time of service

If you do not have current, valid dental/medical insurance, we expect you to:

- Pay in full at the time of service

Methods of payment- We accept cash, personal checks, debit/ATM cards, Visa, Mastercard, American Express and Discover as forms of payment. If your check is returned for any reason, a fee of \$30.00 will be added to your account. Our bank will continue to see payment on your check. If your check is returned to us, we will notify you. We reserve the right to refuse future payment by check.

Past Due Accounts- We consider patient accounts (not including payment we are expecting from insurance filing) to be past due if they are not paid at the time the services are provided. If the account is not paid, we will turn your account over to a private debt collector.

We work with most dental insurers, carriers vary, but we will try to help you get the most out of your particular policy. As a courtesy to you, we will submit your claim forms for you and answer any questions we can. Please keep in mind **you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated.** We do require that you pay the portion that your insurance policy does not cover each visit.

We appreciate the time you have taken to read and understand this policy. If you have questions about any aspect of this policy, please speak with our front office staff. We feel that it is important for you to understand our financial policy clearly and that you feel comfortable agreeing to uphold it.

Signature

Date