

FINANCIAL SERVICES

Blue Ridge Oral & Maxillofacial Surgery is a participating provider with many medical and dental insurances. It is the patient's responsibility to contact their insurer and confirm we are providers for their benefits.

We will file your insurance claim as a courtesy to our patients. Contact your insurance provider if you have not received an Explanation of Benefits (EOB) from them within 90 days.

All fees for your appointment are due in full at the time of service, IF:

1. We do not participate with your insurance
2. You do not have insurance
3. You choose not to have your insurance filed

Your treatment plan fees will be discounted when no insurance is filed, unless you are paying with **Care Credit**.

Patient or Guarantor signature:

_____ Date _____

TO BE COMPLETED IN CONSULTATION ROOM:

NON-COVERED SERVICES MEMBER CONSENT FORM

I, _____ understand that the services listed below may not be considered eligible for benefits (for e.g. services may be determined to not be medically necessary, non-covered) by _____.

I understand that my health insurance coverage has certain restrictions and limitations, such as authorization requirements, and non-covered services. Since I have chosen to obtain the service (s) listed below, I agree to be financially responsible for any and all related charges if they are not covered by insurance.

Services Requested: _____

Condition Diagnosis _____

Approximate cost: _____ Date of Service: _____

Member/Guarantor Signature _____ Member I.D. _____

Witness Signature _____ Date _____