

UPPER VALLEY ORAL SURGERY

Craig H. Cohen, DMD

Keith C. Rogerson, DMD

Keith C. Kealey, DMD

Jill L. Brinkman, DDS, MD

16 Airport Road, West Lebanon, NH 03784 (603) 298-7557

299 Main Street, New London, NH 03257 (603) 526-4433

Financial Policy

Thank you for choosing Upper Valley Oral Surgery. We are committed to providing the best care for our patients and making your experience a positive one in every way we can.

Payment Policy: We ask that you read through the financial policy and sign at the bottom prior to treatment. Full payment is due at the time of service unless prior arrangements have been made with our office. We accept CASH, CHECKS, or CREDIT CARDS. We can also give you information about Care Credit, a patient financial plan.

Regarding Insurance: We participate with a number of dental and medical insurance plans that we will contact to verify eligibility and benefits, and you are encouraged to call your insurance to obtain benefit information. We will submit to all insurance plans as a courtesy to you and if we don't participate with your plan, payment will be sent directly to you. Your insurance policy is a contract between you and the insurance company; we are not a party to that contract. Regardless of benefits or coverage you are responsible for any amount unpaid by your insurance.

Insurance Referrals: If your plan requires a referral from your Primary Care Physician, it is your responsibility to obtain it before seeking treatment from us. If a claim is denied due to a lack of referral you will be responsible for the charges.

Interest: Interest at the rate of 1.5% per month or 18% per annum will be charged on balances unpaid after 30 days.

Missed Appointments: We do expect 24 hours notice of cancellation, as a courtesy to the Doctors, Staff and Other Patients.

Minor Patients: Parents or guardians are responsible for all charges for minor children.

Please let us know if you have any questions regarding our Financial Policy.

I have read the Financial Policy; I understand and agree to this Financial Policy.

Person Financially Responsible Signature

Please PRINT Name

Date