Bixby Knolls Oral Surgery

Financial Policy

Thank you for choosing Bixby Knolls Oral Surgery. Our primary mission is to deliver the best and most comprehensive oral surgery care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering a variety of payment options.

Payment Options:
-Cash, Check, Visa, MasterCard, Discover Card
-Care Credit

Bixby Knolls Oral Surgery requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

Other arrangements can be made with our office manager or the doctor depending upon special circumstances. An estimate of the charge for any procedure or surgery you may require will be given to you upon request. If you have any dental insurance, we will be glad to fill out the proper forms, and work with your carrier to maximize your benefits and bill them directly for reimbursement for your treatment, but please complete the identifying information on the provided form.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of a charge. It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid by your insurance company within 90 days from the date of service. Finance charges accrue from the initial date of service but will not be applied unless the account becomes 90 days delinquent. You will be responsible for all collection costs, attorney's fees, and court costs.

Bixby Knolls Oral Surgery charges $25.00 for returned checks.

Bixby Knolls charges a $150.00 fee for cancellations with less than 48 hours notice.

This signature on file is my authorization for the release of information necessary to process my insurance claim. I hereby authorize payment to this doctor named of the benefits otherwise payable to me.

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Patient Signature Date

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Patient Name (Please Print)

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Signature of Patient (or Parent/Guardian, if Patient is a Minor) Date

If you have any questions, please do not hesitate to ask. We are here to help you get the oral surgery you want or need.

*However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.