



METROWEST

ORAL SURGICAL ASSOCIATES

POLICY

It is the intention of all personnel in this office to provide excellent oral surgical care to all of our patients. If at any time you have any questions regarding treatment or fees, please feel free to speak with us.

FINANCIAL ARRANGEMENT

There is a charge for all services provided, including examinations and radiographs. Payments and copayments are due at the time of service. Copayments are an estimate, not a guarantee.

We accept: CASH

CREDIT CARDS: We accept Mastercard, Visa and Discover

PERSONAL CHECK (There is a \$30.00 fee for checks returned by our bank and must be repaid in cash or by credit card)

If you need a payment plan, we accept Care Credit.

REFERRALS

If your medical insurance requires a referral from your Primary Care Physician, it must be obtained prior to your appointment. If you neglect to bring a referral, you need to sign the waiver below stating that you will get a referral from your primary care physician and you will be responsible for any charges for this appointment.

Managed Care Referral Waiver

I acknowledge that I am responsible for obtaining a referral from my Primary Care Physician for services rendered today. I am responsible for payment for services should payment be denied by my insurance carrier.

Member name _____ Date _____

Member ID# _____ Member Signature _____

Office Staff Signature _____ Date _____

INSURANCE

We bill both medical (if applicable) and dental (coordination of benefits) and can send a pre-estimate to your dental plan. We can provide a claim form for you to submit to your plan so you may be reimbursed. We will provide an estimated copayment that will be due at the time of service.

If we do not participate with your insurance, payment is due at the time of service.

You are responsible to check your medical and dental benefits, verify if we are in network, maximum amount available, deductible and method of reimbursement.

If there is a balance due, all balances are due within 30 days.

If there is a refund, we will issue that promptly.

APPOINTMENT CANCELLATIONS

Please notify us 48 business hours prior to your appointment, if you have to reschedule your appointment.

Signature _____ Date _____

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Northborough, MA 01532
508.393.1223

113 Water Street, Suite 104
Milford, MA 01757
508.473.7900

223 Walnut Street, Suite 2
Framingham, MA 01702
508.879.8004