



Metropolitan Oral &  
Maxillofacial Surgery  
Associates  
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## FINANCIAL ARRANGEMENTS AND INSURANCE

Welcome to our practice. We are committed to providing you with the best possible care.

### Forms of Payment:

We accept cash, bank checks, money orders, or Visa, MasterCard, and Discover.

### Insurance:

We file insurance claims as a courtesy to our patients. We will do all we can to help you receive your maximum allowable benefits, and in order to achieve this we need your assistance. **Insurance cards and/or contact information must be presented at the time of consultation, or your account will be processed as if you have no insurance. We will NOT be able to file your insurance without this information.**

### Please Understand That:

1. The amount you are quoted for your co-payment is only an **ESTIMATE** of your responsibility. The information we are given by your insurance claim representative is never a guarantee of their payment or your benefits.
2. Any estimated amount not covered by your insurance company will be due at the time of services are rendered.
3. Not all services are covered benefits by all insurance contracts. As your care provider, our relationship is with you, not your insurance company. Insurance companies often arbitrarily select certain services they will not cover. As a courtesy to you, a claim will be filed on the day of treatment. **If no payment has been received from your insurance company within 45 days from the date of service, the balance due is immediately your responsibility.**
4. After the 45 day period and your account has been paid in full, our office will be glad to assist you in receiving insurance benefits. If any benefits are received from your insurance, we will be glad to reimburse the amount paid by your insurance.
5. Our fees generally fall within the acceptable range by most companies, and are covered up to the maximum allowance determined by each carrier. This statement does not bear any relationship to the current standard and cost of care in this area.

### Patients without Insurance:

For patients who have no insurance, payment is due at the time services are rendered. We do understand that assistance is sometimes needed, and we offer Care Credit as an interest free third party finance option. Please ask any staff member for more detailed information.

### Cancellations:

You are required to give our office a minimum 48 business hours notice to cancel or reschedule any appointment. Failure to do so will result in a \$100 broken appointment fee.

### Contact Us:

We realize that temporary financial problems may affect timely payment of any balances that may remain on your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We are here to help you.

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I understand and agree that I am ultimately responsible for the balance on my account for any professional services rendered. I have read all of the information and certify this information is true and correct to the best of my knowledge. I will notify the office of any changes in my insurance status.

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Signature (Parent or Guardian if minor)

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Date