

NORTHEAST ORAL & MAXILLOFACIAL SURGERY ASSOCIATES, P. A.

WILLIAM A. DEIGHAN, D.M.D. & MARK E. GRUBB, D.D.S.

FINANCIAL AGREEMENT

Please Print:

Form with fields for Patient Name, Patient Acct #, Guarantor (Responsible Party), and Guarantor's Social Security #.

Northeast Oral & Maxillofacial Surgery Associates, P.A. (NEOMS) requires that its services be paid no later than at the time of service. **This requirement excludes patients covered by MaineCare or Medicare, whereby NEOMS would only require that the patient's balance be paid within 30 days after their MaineCare or Medicare settlement has been received.**

Courtesy Billing: NEOMS provides free "courtesy billing" which includes, prior to service, an estimate of the remaining balance that you (as guarantor of this account as listed above) would owe after insurances have been applied. NEOMS requires that you (as guarantor) pay that estimated remaining balance, usually at time of service but half of which may be requested (for specialized procedures) no later than two weeks prior to time of service. NEOMS' additionally requires that the guarantor of this account agrees to pay the balance on this account for the above patient, after NEOMS has applied all insurance payments, returns, fees, and down payments to the patient's account. NEOMS states that "courtesy billing to insurances" is a free benefit offered by Northeast Oral & Maxillofacial Surgery Associates, P.A. and this estimate is no guarantee of what insurances will pay.

Courtesy Billing Requires Social Security Number: In order to bill insurance, NEOMS requests the guarantor's social security number. You (as guarantor and policy holder) still have the option not to provide your social security number and thereby forego courtesy billing. Without courtesy billing, the full balance of the above patient's bill becomes due for payment at the time of service.*** You (as guarantor/policy holder) would still be able to request reimbursement from your insurance company independently.

Additional Fees: Northeast Oral & Maxillofacial Surgery may charge an additional booking fee (up to \$200) for no-shows or for canceled appointments unless sufficient notice was given at least 3 business days prior to the appointment date. Payment of services not paid at time of service or within 30 days of the date of service are considered to be "past due". A late payment charge of one and one-half percent (1-1/2 %) per month will be charged on all unpaid "past due" amounts until paid in full. All collection expenses incurred by NEOMS including, but not limited to, court costs and reasonable attorney fees related to the collection of any past due amount(s) on patient accounts may be added to the amount of the debt.

AS GUARANTOR OF THIS ACCOUNT, THE UNDERSIGNED HEREBY CERTIFIES that I have read and received a copy of the above payment agreement and I may either agree to pay the estimated portion due at time of service and as quoted in the estimate provided by this office, whereby payment of the estimate signifies an agreement to accept free courtesy billing by Northeast Oral & Maxillofacial Surgery; or I can agree to pay the full amount charged at time of service.***(see above)

Check One:

_____ I accept free courtesy billing _____ I wish to opt out of courtesy billing. My social security number is not required.

The undersigned understands and agrees to all the foregoing provisions regarding billing processes, payment terms (with the exception of the payment of MaineCare and Medicare amounts due, which exception is noted above**) and additional fees which include but are not limited to the following provisions: that NEOMS may charge an additional booking fee (up to \$200) for no-shows or for canceled appointments unless notice was given at least 3 business days prior to the appointment date; that NEOMS requires that its statements for services be paid no later than at the time services are rendered or, in the case of courtesy billing, within 30 days of date of service, if not paid at time of service or within 30 days of the date of service, a late payment charge of one and one-half percent (1.5 %) per month will be charged on all unpaid services amounts until paid in full; and finally, the undersigned agrees to pay all collection expenses incurred by NEOMS including, but not limited to, court costs and reasonable attorney fees related to the collection of the past due amount(s) for services.

Guarantor's Signature (required): _____ Date: _____

We accept Cash, Check, Debit, Visa, MasterCard, Discover and CareCredit.

If you wish, you may apply for CareCredit @ www.carecredit.com or call 1-800-365-8295 (updated 08/09/18-sd)