

NORTHEAST ORAL & MAXILLOFACIAL SURGERY ASSOCIATES, P. A.

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 with some services requiring 1/2 payment down two weeks prior to time of service.

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.

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.

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.

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.

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 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;

Guarantor's

Signature (required): Date:

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

If you wish, you may apply for CareCredit @ www.carecredit.com or call 1-800-365-8295 (10.1.2020-SD)