

Patient's Name _____

Today's Date _____

Thank you for choosing Griffitts Facial & Oral Surgery. Our primary mission is to deliver the best and most comprehensive Facial and Oral Surgery care. An important part of the mission is making the cost of care as easy and manageable for our patients as possible by offering several payment options. Our office accepts: Cash/Check, Visa®, MasterCard®, CareCredit Credit Card®¹, and DocPay® payment plans.

Please note:

1. Upon check-in, payment for services is due in full on the day of your scheduled service.
2. For patients with In-Network Insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement of your treatment.²
3. For patients with Out-of-Network Insurance, we will assist you in seeking reimbursement for your treatment by managing the the initial billing for Out-of-Network Insurance carriers.³
4. Patients who receive surgery will be scheduled for post-operative visits to promote your recovery process and lower risk of complications.
 - a. Minor Surgery post-operative visits and possible imaging are to be scheduled within a 14-day window from date of surgery. These services are included in the cost of your surgery.
 - i. All charges for visits performed in relation to a Minor Surgery scheduled after the 14-day window are billable.
 - ii. During this 14-day period, any visit not related to the surgery will be considered a billable charge.
 - b. Major Surgery post-operative visits and possible imaging are to be scheduled within a 90-day window from date of surgery. These services are included in the cost of your surgery.
 - i. All visits performed in relation to a Major Surgery scheduled after the 90-day window are billable.
 - ii. During this 90-day period, any visit not related to the surgery will be considered a billable charge.
5. A fee of \$50 is charged for missed or canceled appointments occurring more than 3 times in a calendar year without 24 hours' notice (clinic appointments) and 48 hours' notice (scheduled surgery).
6. There is a \$30 charge for returned checks.

If you have any questions, please contact the Billing Department (208) 667-0824. We are here to help you get the Facial and Oral Surgery care you need.

 Signature of patient, parent, or guardian

 Date

 Printed name of patient, parent, or guardian: Relationship

¹CareCredit is a credit card offered by Synchrony Bank and is NOT an in-house credit program offered by Griffitts Facial & Oral Surgery or any other healthcare provider. You may apply for the CareCredit healthcare credit card and if approved, use it at Griffitts Facial & Oral Surgery's office. However, the CareCredit credit card agreement is between you and Synchrony Bank. Subject to credit approval.

²However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

³Payment in full is required at the time of service. We will submit your Out of Network claim to your insurance company on your behalf. Your insurance company will reimburse/pay you directly should you be owed a refund.