

**Conestoga Oral & Maxillofacial Surgery, Ltd**  
**Financial Policy and Agreement**

*We value our patients and are committed to the highest quality of care from our Board Certified Surgeons. We are proud to discuss our fees or office financial policy at any time.*

**A Driver's License and any insurance cards must be presented the day of your visit and will be photocopied for our records.**

**Non-Insured Patients:**

Payment for dental treatment is due the day services are rendered. I understand that fees will be collected by the front desk upon presenting for an appointment to allow our patients to depart immediately following treatment. We accept cash, personal checks, Visa, Master Card, Discover, Care Credit and Wells Fargo. Our office can assist you if interested in applying for Wells Fargo.

**Insured Patients:**

Patients covered by an insurance carrier who pays the patient directly will be considered non-insured and must follow the office financial policy for non-insured patients. A receipt will be provided to you at the time of payment which you can forward to your insurance carrier for reimbursement.

Insurance coverage is a benefit of the patient not our facility. It is your responsibility to know the specifics of your policy. As a *courtesy* to our patients, we will obtain information available regarding your plan coverage and will provide an *estimate* of your expected co-pay for recommended treatment upon completion of your consultation. Our estimate will be as accurate as possible. Please understand that the fees paid by your insurance company are according to their own fee schedule, not necessarily the actual fees and cost of treatment performed by our office. Any estimated patient co-pays will be collected by the front desk upon presenting for an appointment to allow our patients to depart immediately following treatment. Unfortunately, we may not be aware of your specific plans limitations which may result in a payment that differs from our estimate or actual cost of your treatment such as:

- Missing tooth clause
- Procedures which are not a benefit
- Inaccurate information received from the patient
- Annual benefit maximum being reached
- Changes or termination of coverage

**Participating Insurance Companies:**

Aetna  
Amerihealth Administrators  
Assurant  
Blue Shield PPO  
Delta Dental  
Educators Health Partners (EHP)  
Federal Blue Cross-(Medical Only)  
Geisinger  
Guardian  
Highmark  
HealthAmerica/Assurance

Medicare  
Metlife  
Preferred Health Care (PHC)  
(PPHN) Teamsters  
UHC Community Plan(Dental Only)  
United Concordia  
UPMC for Kids