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## Financial Policy

Welcome to Lakeview Oral Maxillofacial Surgery & Med Spa. We ask that you read and sign our financial policy prior to any treatment. To avoid misunderstandings, please ask us if you have questions about our policies.

**Payment for services:** Our policy requires payment for services at the time service is provided.

**Method of payment:** Our office accepts only cash, Visa, MasterCard, Discover, and Care Credit.

**Insurance:** As a courtesy to you, we will verify your insurance benefits, estimate your co-insurance (what you owe) at the time of your appointment and file your insurance claims. To do this we must have complete and accurate information from you.

- Verification of benefits is not a guarantee of payment by your insurance company; final determination is made by your insurance company at the time the claim is received.
- An insurance estimate is not a guarantee that your insurance will pay exactly as estimated. Your insurance company determines the amount paid. We will of course do all we can to make sure your estimate is as accurate as possible.
- You are responsible for payment of estimate co-insurance, deductible, co-pay or non-covered services at the time of service. We will file all claims with your insurance company.
- To determine exactly what amount will be covered by insurance we will gladly request pre-determination by your carrier. This request may take up to four weeks to be processed by the insurance company.
- All charges you incur are your responsibility. Your insurance policy is a contract between you and your insurance company. You are responsible for payment whether or not your insurance pays.
- It is your responsibility to obtain required authorizations or referrals from the insurance company or primary care physician for each visit. Failure to have a current authorization could result in rescheduling your appointment or require full payment for all services relating to the appointment.

**Non-Insured:** If you do not have insurance or our office is not a participating provider with your insurance plan, full payment is due at the time of service.

**Minor patients:** The parent or guardian accompanying a minor is responsible for the payment of services. Regardless of insurance coverage, young adults (age 18 and over) are legally responsible for their accounts unless a parent accompanies them to the initial appointment and signs this financial agreement.

**Divorced parents:** The parent who brings the child to the appointment is deemed responsible for payment regardless of who provides insurance coverage. Our office will not become involved in disputes over which parent is the responsible billing party.

I have read, understand and agree to the above terms and conditions; I authorize my insurance company to pay my benefits directly to Lakeview Oral Maxillofacial Surgery & Med Spa.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of patient or legal guardian/parent \_\_\_\_\_