David E. Krigbaum, D.D.S., S.C.
Oral & Maxillofacial Surgery

OFFICE POLICY

Patient's Name:_____

Welcome to our office. It is our intention to make your visit as comfortable as possible. Please take the time to look over our office payment policy. If you have any questions, please do not hesitate to ask.

1. Please provide us with your medical and dental insurance cards, and we will gladly submit your claims for you. (**Note**: Medicare doesn't cover care of teeth and gums.)

2. ***Payment is expected at the time of service for consultations and x-rays if our office is not a participating provider for your health or dental insurance. We accept cash, check, carecredit, mastercard or visa.*** Claims will be submitted to your insurance carrier for possible reimbursement.

3. On the day of the consultation, a pre-estimate treatment plan will be given to you showing deductible, co-pay and non-covered charges that will be due the day of surgery. *Patients who have oral surgery benefits with BCBS medical will be expected to pay for services in full. BCBS medical pays the subscriber directly.*

4. After 60 days any account balance is your responsibility.

5. If there is no insurance coverage, full payment will be due on the day of service.

In signing below, I agree to assume full responsibility for payment of any treatment provided.

Responsible party signature_____

Print Name

_____

Signature Date

_____

Address

_____

Phone Date of Birth Social Security #

AUTHORIZATION TO PAY BENEFITS TO MY SURGEON
AUTHORIZATION TO RELEASE MEDICAL/DENTAL INFORMATION TO INSURANCE

This signature is my written authorization to pay Dr. Krigbaum any Oral or Maxillofacial surgery benefits due and payable by my insurance company to apply to my outstanding balance. My signature also authorizes the release of medical/dental information requested by my insurance company regarding claims submitted.

Responsible party signature_____

Revised 10/07