



Financial Information

Basic Policy

Payment for services rendered is due in full at the time of service. Our office accepts cash, personal checks (there is a \$20 returned check fee), and credit cards. We also offer convenient financing with The Lending Club as well as Care Credit.

Surgery Fees

All co-payments, deductibles and payments for non-covered surgical procedures are due prior to your surgery. Your insurance carrier may require prior authorization, which SBOFS will attempt to obtain. We are out of network with all medical insurance carriers except Medicare, therefore your out of network deductible and a portion of the surgical procedure will be required at a minimum of one week prior to your surgery date. We will submit the claim for surgery to your insurance carrier. Any and all payments received by you from your insurance carrier as payment for surgery are due to Stony Brook Oral and Facial Surgery within 7 days of your receipt of the payment, failure to endorse payment will force SBOFS to begin a collection process. Please understand that insurance is a contract between you and your insurance company, we are not contracted with medical insurance policies.

For Patients with Dental Insurance

If we participate with your dental insurance carrier, we will bill, provided proper paperwork and information is provided to us. We will also bill your secondary insurance carrier, if applicable. If we do not participate with your insurance carrier, we will provide you with the necessary documents and direct you on how to submit your claim. Payments are due at the time of service; the ultimate responsibility for any unpaid balance rests on you. You could have a balance, even though you have paid a fee at the time of the visit. The final amount you owe cannot be determined until your insurance has processed the claim.

Medicare Patients

We will bill Medicare and any secondary insurance you have. You will be billed and held financially responsible for any deductibles and co-pays after the billing process is complete. Medicare does not cover tooth extractions or oral surgery done to facilitate wearing dentures, except in certain rare instances for the treatment of cancer.

Non-Covered Charges

Any charges not paid by your insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial. To assist our patients, we can provide you with an alternative financing source. Please ask our billing personnel for additional information.

Workers Compensation

We do not participate with Workers Compensation. We can only make exceptions for TMJ injuries. We are unable to treat any Workers Compensation patients unless your adjuster has been notified of your TMJ injury. You MUST provide contact information for your adjuster / case manager at the time of the visit or you can not be seen. We require the necessary insurance billing information and employer authorization form prior to your office visit or treatment.

No-fault

We will bill your no-fault case to the insurance carrier, provided we have your case information, including, case number, insurance company, claims adjuster information at the time of your visit. Your condition must be documented with your claims adjuster PRIOR to your visit

The logo features a stylized 'S' and 'B' intertwined. The 'S' is a simple outline, and the 'B' is a block letter with a curved top. The text 'STONY BROOK' is positioned above the 'S' and 'B', and 'ORAL AND FACIAL SURGERY' is positioned below them, all in a light gray, sans-serif font.

STONY BROOK
ORAL AND FACIAL SURGERY

Personal Injury Cases

This office does not accept liens nor bill for auto-accident or other liability or lawsuit-related cases. The patient is responsible for services provided at the time of service.

Follow-Up Visits

Periodic post-operative office visits may or may not be covered under your insurance plan; however, these may be required by the doctor to monitor your health. You are financially responsible for the finances associated with these visits.

Cancellation / No-show Appointments

Our goal is to provide high quality of care at low cost to our patients and in fairness to other patients and the doctor, we require at least 24 hours' notice when canceling an appointment. There is a \$30 fee for missed appointments without 24-hour notification, which will be due and payable from you. The practice reserves the right to dismiss patients with excessive canceled or no show appointments.

Explanation of Fees

Your fee for service includes your visit with the doctor based on the time and complexity of your condition and any treatment provided. In addition, proper attention to your case requires that the doctor spend more time working for you outside your direct visit with him or her. Such time may include:

- Creation of a permanent medical record.
- Review of prior and current x-ray or scan reports.
- Preparation and mailing of consultation reports and follow-up visit letters and laboratory/scan results to referring doctors and any subsequent consulting.
- Phone consultation with referring practitioner and other health care providers about your case.
- Referral letters to any further specialists recommended by the doctor.
- Patient educational materials when available.
- Any research done by the doctor about your case. The doctor uses medical libraries and computerized medical search services.
- Staff assistance regarding your visit.
- Arranging and coordinating other tests and consultations.
- Calls to and from pharmacies.
- Insurance application forms: medical/dental, disability, and life insurance.
- Insurance reports: health claims, disability claims to insurance and state, Medicare disability.
- Discussions (sometimes acrimonious) with hospitalization utilization review, insurance companies, or Medicare for ongoing hospitalization.
- Review and management of hospital records.
- Letters of necessity for medical services to insurance companies.