

THOMAS C. TROXLER, D.D.S., P.A.  
JEFFREY R. SMITH, D.M.D.  
ORAL AND MAXILLOFACIAL SURGERY



Fellows  
American Association of  
Oral and Maxillofacial Surgeons

Dear Patient:

We are pleased to welcome you to our office. We ask that payment for services be made at the time of your visit. To make payment easier we will be glad to accept, cash, Visa or Mastercard, or your local personal check. We do not accept Discover or American Express.

As a courtesy to you our office will file your insurance for you for any and all services we provide for reimbursement to you. When applicable, our office will check with your insurance company for an estimated pre-determination of benefits. Any estimates our office gives you is strictly an estimate and not a guarantee of payment. It is also not an exact amount of what your insurance will pay as we have no way of knowing exactly what they will pay until they receive the claim. All claims denied by your insurance will be your responsibility to pay in full. Please have your insurance card or information available for our records. Our office does not accept Workman's compensation, Medicaid, or any HMO'S, including Medicare HMO.

Due to the variation in insurance coverage our office cannot be abreast of the details of each insurance plan. It is the patient's responsibility to ensure that they understand the details of their own plan as it relates to co-payments, deductibles and exclusions for certain surgical procedures. It is also the insured's responsibility to know if they need to be referred by their primary care physician or if their insurance requires them to be seen by a participating provider with the insurance company. Our office cannot be responsible for knowing all the details of your insurance plan as we deal with numerous insurance companies.

When outside lab work is required, it is the patient's responsibility to inform our office if your insurance requires you to use a specific lab. You will be billed separately for all lab work as this charge is not included in our fees.

All accounts that remain unpaid after 90 days will be assigned to a collection agency unless other arrangements have been made prior to your surgery.

In the event my medical/dental records are requested by another medical/dental facility I authorize Dr.'s Troxler & Smith's office to release a copy of my records to them.

I have read and fully understand the policies written above. I assume financial responsibility for the payment of all charges for services rendered.