

Financial Information

The administrative staff at Elevated Oral & Maxillofacial Surgery takes pride in meeting your scheduling needs. You will always be greeted with a smile and a warm welcome. The administrative team is knowledgeable about the various insurance companies, and we are here to assist you with claim submission and financial options. We believe that cost should never be an obstacle to receiving treatment.

At Elevated Oral & Maxillofacial Surgery we will make every effort to help you know what your financial responsibility is before treatment begins. During the consultation visit you will receive a treatment plan that includes treatment fees, and an estimate of what insurance (if any) will cover. We work diligently with you and your insurance provider to obtain payment for services, but it is important to remember that the fee information in your treatment plan is only an ESTIMATE based on the information received from your insurance provider.

We will send you a monthly statement. Most insurance companies will respond within four to six weeks. Please call our office if your statement does not reflect your insurance payment within that time frame. Any remaining balance after your insurance has paid is your responsibility. Your prompt remittance is appreciated. We can make arrangements for a monthly payment plan, but that must be implemented prior to the actual procedure.

For your convenience, we accept Visa, MasterCard, American Express and Discover. In addition, we offer third party financing for your oral surgery procedure through CareCredit and PRIMAHealth Credit. Payment is due at the

time service is rendered unless other arrangements have been made in advance. If you have questions regarding your account, please contact us at 720-870-1451. Many times, a simple telephone call will clear any misunderstandings.

Please remember you are fully responsible for all fees charged by this office regardless of your insurance coverage.

SB17-190

Insurance Carrier Fees Noncovered Dental Services

Concerning prohibiting a carrier from setting fees for a dental service that is not paid for by the carrier.

SESSION: 2017 Regular Session

SUBJECT: Health Care & Health Insurance

BILL SUMMARY

The bill prohibits a contract between a carrier and a dentist from requiring a dentist to provide services to a covered person at a fee set by, or subject to the approval of, the carrier unless:

- The services are covered services under the person's policy; and
- The carrier provides payment for the service under the person's policy in an amount that is reasonable and not nominal or de minimis.

The bill authorizes a dentist to charge a covered person for noncovered items or services in any amount determined by the dentist and agreed to by the patient if the amount is equal to, or less than, the usual and customary amount that the dentist charges individuals who are not enrolled for such items and services.