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Please be aware that a pre-determination of benefits or verbal verification of benefits through a customer service representative at your insurance company **DOES NOT GUARANTEE PAYMENT - it only verifies coverage.** We will provide you with an estimation based on the information provided by your insurance carrier. We verify benefits as a courtesy and strongly encourage you to confirm coverage as well. We make every effort to compile insurance information and calculations in a timely manner.

In the event that your insurance carrier fails to make payment for treatment rendered within 60 days from the initial claim submission, you will become personally responsible for any outstanding balance. Insurance policies are contracts between the patient/subscriber and the insurance company.

If it has been determined that a payment is due, the fee will be collected in full on the day of surgery.

We accept all major credit cards, cash and Care Credit.

MUST BE COMPLETED

Financial/insurance information may be left on my answering machine YES ____ NO ____
Other than myself, financial/insurance information may be given to _____

My signature acknowledges that I have read the HIPPA Notice of Privacy Practices for this office and have received a copy.

Patient/Responsible Party

Date _____

Witness _____