

Form Instructions

1. Use the tab key to move from form field to form field.
2. To enter text, tab to (or click) the area you would like to type in and begin typing.
3. Some form fields require a choice to be selected. Click in the boxed or underlined area and a check mark will appear.
4. To save the form and complete at a later time, click the disc button in the adobe reader tool bar at the top left of the page.
5. To print a copy of the form for your records, click the “Print Form” button at the bottom of the last page.
6. To send the completed form to our office, click the “Submit Form” button at the bottom of the last page.

If you experience difficulty submitting this form, please follow the instruction below:

1. Print the form
2. Complete the form with a pen and bring the form to the office at the time of your appointment.
3. If you do not have a printer, you may fill out the form at our office prior to your appointment. Please allow an extra fifteen minutes before your scheduled appointment. Please call our office if you have any questions.

For your protection:

This form is hosted on a secure server and may only be viewed by our office. You may feel confident in filling out this form, as all of your information will be kept safe and confidential during the process.

Financial Acknowledgement and Agreement

We are pleased that you have selected our office for your oral surgery care. Our practice has grown as a result of the quality patient care we provide as well as our excellent relationship with our referring doctors and patients. We have developed this form so that you fully understand your financial responsibility for your oral surgery care.

Our ultimate goal is to provide the finest in oral surgery care for you or your family member. Our responsibility is to you, our patient, and our referring doctors. In an effort to preserve the best relationship with our patients, we have opted to be a contracted *medical* provider only with a limited number of insurance carriers. They are: Medicare, Private Health Care Systems (PHCS) and Humana Choice Care.

Our staff of business professionals will be happy to file an insurance claim for your oral surgery services to your *primary insurance carrier*. The benefit paid by your insurance carrier for these services may be less than the actual charge and is a direct result of the plan selected by your employer.

The care we provide is directly to our patient; therefore, the patient or their parent/guardian is fully responsible for all procedural fees in our office. Payment is due at the time service is rendered. Payment may be made by: cash, local check (with ID), money order, MasterCard, Visa, Discover, and American Express. Financing through Care Credit may be an option for patients who desire a monthly payment plan. This option is available to pre-qualified applicants (pre-qualified prior to their appointment date) for surgical fees in excess of \$300.

I have fully read and understand the Financial Acknowledgement and Agreement. I understand and agree with my financial responsibilities for oral surgery care rendered by Gerald W. Bird, D.M.D., P.A. and Jay A. Johnson, D.M.D.

Patient Name

Patient/Legal Guardian Signature
(18 years or older)

Date