

Martin G. Dominger, D.D.S., M.D.
Practice Limited to Oral and Maxillofacial Surgery
5225 Nesconset Highway Suite 57
Port Jefferson Station, NY 11776
Tel (631) 474-4600

Insurance Responsibility

Insurance coverage is a contract between you and the carrier. The responsibility for payment for services rendered is yours alone. If for some reason your insurance carrier does not pay your claim as of sixty days from the date of service, we will bill you, and you will immediately assume responsibility for services rendered.

Any estimate given to you by our office for services rendered is exactly that, an estimate. Final determination of payment is given on your Explanation of Benefits (E.O.B.) from your insurance company. You may request a Pre-Determination of benefits to determine your out of pocket responsibility, with the understanding that this will take 4-6 weeks to receive.

If for any reason you cannot keep a surgical appointment please call our office at least **48 hours in advance.** **There will be a \$50 charge for missed appointments.**

Signature: _____

Date: _____