

Ramapo Oral and Maxillofacial Surgery, P.C.
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ORAL AND MAXILLOFACIAL SURGEON
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Diplomate, American Board of Oral and Maxillofacial Surgery

WELCOME TO OUR PRACTICE

Dr. Muduli and his staff are committed to providing you with the best possible care. It is our wish that your visit to this office be as pleasant as possible. If you have dental insurance we are happy to assist you in submitting claims. Our office **does not** participate with any **MEDICARE** insurance. **We are not in network** with all **medical insurances and some dental**; therefore you as the patient are responsible for payment of all services that are rendered on the date of service performed. You can request any documents you may need to submit to your medical/or dental insurance. Please read the information below and feel free to ask us any questions about your treatment or insurance coverage.

We must emphasize that as healthcare providers, the doctor's relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

Payment for treatment is due at the time the service is rendered unless payment arrangements have been approved in advance by our staff. Patients having HMO or PPO insurance will be required to pay their **DEDUCTIBLE, CO-PAY, and CO-INSURANCE PAYMENT** at the time services are rendered. Patients seen without first obtaining a written referral, if required by their insurance carrier, will be fully responsible for all charges incurred. All patients who are required to submit student verification documents to their dental/or medical insurances must make sure all documents are up to date or you will be responsible for all charges incurred during the visit.

Your insurance company clearly states **“a verification of benefits is not a guarantee of payment.”** Even if we obtain eligibility before treatment begins and your insurance company denies or reduces benefits, you may be responsible for paying any account balance.

Returned checks are subject to a \$35.00 fee and patient balances older than 60 days may be subject to additional collection fees. We accept cash, checks, Visa, MasterCard, and Discover. By using a check for payment, you agree to the following terms:

- I. In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law.**

Due to the nature of our business we are recommending that all patients are to make appropriate childcare arrangements before scheduling any future consultations, surgical procedures, post-op and follow up appointments.

CANCELLATION FEES POLICY

- I. A cancellation fee of \$50.00 dollars will be charged for all appointments that are not cancelled at least 48 hours before the scheduled appointment (Monday thru Friday). The effective date of this policy is May 23, 2013.**
- II. Multiple Cancellation Fees.**
 - 1. In addition a NON-REFUNDABLE DEPOSIT may be required to schedule future appointments based on the length of a procedure. The effective date of this policy is May 23, 2013.**
 - 2. Patients who have cancelled 2 previous appointments and wish to reschedule are required to place a NON-REFUNDABLE DEPOSIT. The effective date of this policy is May 23, 2013.**
 - 3. The amount would be \$250.00 or determined based on clients' co-pay amount. The NON-REFUNDABLE DEPOSIT covers the reservation of the surgical room and operating costs. The effective date of this policy is May 23, 2013.**

We understand that there are extenuating circumstances (sickness, family emergency). If you have any questions about the above information, PLEASE do not hesitate to ask us. **WE ARE COMMITTED TO HELPING YOU AND SIMPLY ASK THAT YOU SHOW THE SAME LEVEL OF COURTESY AND COMMITMENT TO US!**

Federal regulations require that we offer you a copy of our Policy on Patient Privacy.