

# Center For Oral & Maxillofacial Surgery

ASIF TAUFIQ, D.D.S., M.B.A.  
Diplomate American Board of Oral & Maxillofacial Surgery

3619 Braselton Hwy Ste. 101  
Dacula, GA 30019  
PH (770) 831-6602  
FAX (770) 831-6608

15 Collins Industrial Way Ste.B  
Lawrenceville, GA 30043  
PH (770) 962-0515  
FAX (770) 962-1244

## WELCOME TO OUR PRACTICE

We appreciate the trust you have placed in us.

### **PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED**

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS

### INSURANCE:

Professional services are rendered and charged to you, not the insurance company. Please understand that the contract is between you and the insurance company and payment for services is your responsibility.

We will accept assignment of claims for primary insurance. All deductibles and fee amounts not covered by insurance are due at the time of treatment. Our office does not file **secondary insurance**.

Our office will not enter into dispute with your insurance company over your claim. This is your responsibility and obligation. If at the end of 60 days, your insurance company has not paid, you are responsible for the entire balance. Upon request, we will supply you with a copy of the claim so that you can resubmit if necessary.

If you belong to Managed Care Insurance plan (HMO/ DMO), all applicable fee are due at the time of treatment. Please refer to your co-payment schedule for applicable fees.

In order to honor any insurance benefits, you must provide insurance identification (i.e.: Insurance cards, etc.) and we must be able to verify the current benefits available.

### OFFICE FEES:

If you present a check for insufficient funds or stop payment on an issued check, you will be charged a \$35.00 processing fee. If at the end of 90 days, your account has not been satisfied your account will be sent to collections and a 40% charge will be added to your account for collection fees.

If you must break an appointment with our office, we ask for a 24 hour notice of cancellation. If you repeatedly miss scheduled appointments, you may be asked to pursue treatment elsewhere.

**I HAVE READ AND UNDERSTAND THE STATEMENTS OUTLINED ABOVE**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_