



ROYAL

ORAL & MAXILLOFACIAL SURGERY

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OUR FINANCIAL POLICY

We are committed to providing you with the best possible care. We are happy to discuss our professional fees with you at any time. Please ask if you have any questions about our fees, financial policy or your payment responsibility.

All patients must complete in full our "Patient Information Form" before seeing the doctor. If you have insurance please provide us with both your dental and medical insurance cards and sign the appropriate insurance claim forms.

PAYMENT

If you do not have insurance it is your responsibility to pay in full at the time services are rendered. If you do have insurance it is your responsibility to pay the deductible and /or co-payments, as applicable, at the time that services are rendered. We accept Cash, Checks and Credit Cards.

INSURANCE

INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. It is your responsibilities to confirm with your insurance company that Dr. Tamimi is a participating provider under the terms of your plan and to have an insurance representative explain your benefits. We will call your insurance company for estimated itemized of your benefits. The approximation of fees, benefits to be paid and your co-payment or deductible is simply an estimate. This is never a guarantee of benefits. Therefore, when an "Explanation of Benefits" is received from your insurance company, it may differ from the estimate provided. It is the patient's obligation to pay any balance due. We will handle your claim according to the agreement with your insurance and as a courtesy to our patients; we will file your insurance claim.

COLLEGE STUDENTS

Insurance companies require evidence that a college student is full-time for the current semester or upcoming semester. We will accept the following types of proof: a copy of your current registration, a recent invoice showing full-time status or certification of full-time status on school letterhead. An up-to date student ID may be acceptable if it identifies that the student is full-time and if our services rendered during the current semester. On mid-semester breaks and during summer months, a student ID will not be acceptable proof.

YOU ARE RESPONSIBLE FOR TIMELY PAYMENT OF YOUR ACCOUNT. A \$10.00 REPEAT BILLING CHARGE WILL BE ADDED EACH MONTH ON UNPAID BALANCES PAST 30 DAYS.

SIGNATURE: _____ **DATE:** _____