



SAN ANTONIO SURGICAL ARTS

FINANCIAL POLICY

San Antonio Surgical Arts (SASA) is committed to providing the highest quality of surgical care and customer service. Our staff is well informed as to the various payment options available for your convenience. We encourage you to contact our office and ask questions specific to our financial policy and/or the benefits relative to your particular insurance plan(s). Treatment costs can only be determined after you have been evaluated by one of our oral surgeons.

Payment is due at the time services are rendered, unless prior arrangements have been made and approved by SASA.

For your convenience, we accept and offer the following payment options:

- Major credit cards, including American Express, Discover, Visa, and MasterCard
- Most major medical and dental insurances, including some dental discount plans
- Medicaid and Medicare acceptance for clients who meet specific program criteria
- Alternative financing for eligible patients through CareCredit and Capital One Financing

The following information applies to patients covered by medical and dental insurance plans, and in some instances, to recipients eligible for Medicaid and Medicare benefits:

- SASA will verify insurance coverage and prepare a pre-treatment estimate so that our patients can receive treatment in a timely manner.
- If the insurance plan requires a referral, it is the patient's responsibility to obtain the referral from the primary care physician or dentist before treatment.
- Prior to services or treatment, the patient or the responsible party agrees to pay any deductible or applicable co-pay, as well as the estimated portion of the patient's responsibility.
- As a courtesy, we will process and forward all claims to the insurance carrier(s).
- If the insurance plan does not process a patient's claim in a timely manner, we may ask the patient or the responsible party to assist in obtaining payment from the insurance carrier.
- The patient and/or the responsible party will be responsible for any and all services not covered or denied by the patient's insurance.
- If the carrier's reimbursement is more than the initial estimate, the overpayment will be refunded to the responsible party, likewise, if we underestimate the patient's portion of the responsibility, the responsible party will be billed for the remaining balance due.

Your signature acknowledges that you have received and agree to the terms of this Financial Policy.

Signature of Patient: _____ Date: _____

Signature of Responsible Party: _____ Date: _____

Central Office:

6511 Blanco Rd.
San Antonio, TX 78216
210.341.7264
210.341.2022 Fax

3329 Wurzbach Rd.
San Antonio, TX 78238
210.684.4324
210.680.2104 Fax

1227 S.W. Military Dr.
San Antonio, TX 78221
210.798.2666
210.921.0811 Fax

1572 E. Common St.
New Braunfels, TX 78130
830.606.3084
830.624.1029 Fax

403 N. Milam
Seguin, TX 78155
830.379.3977
830.303.0700 Metro & Fax