

**Cherry Creek Oral & Maxillofacial Surgery, P.C.**  
**Dr. Clyde E. Waggoner**  
**Financial Policy**

We are committed to providing you with the best care possible! We will be open in discussing our professional fees with you and hope that you have a clear understanding of our financial policy. This is important to our professional relationship and the understanding of your financial responsibilities.

We must emphasize that as health care providers, our relationship is with you, and not your insurance company.

- Your insurance is a contract between you, your employer and your insurance company.
  
- Patients covered under a PPO/HMO/EPO/POS plans are responsible for complying with the PPO/HMO/EPO/POS rules regarding written and telephone referrals from primary care dentist. Telephone confirmation of your co-payment is not necessarily a guarantee of payment.
  
- Failure to comply with the referral requirements of your plan will make it necessary for us to bill you directly for charges incurred during a non-referral visit.
  
- We will process claims with PPO/HMO/EPO/POS plans with which we have a contract agreement, according to each agreement.
  
- Required co-payments must be made on the day the service is provided.

Payment for service is due at the time the service is rendered, unless payment arrangements have been approved in advanced by our office. You are responsible for timely payment of your account. If for any reason you experience financial problems that may affect timely payment of your account, we encourage you to contact our office so arrangements can be made to help you maintain your account in good standing.

Thank you for understanding our financial policy. If you have any questions about the above information, please ask us to help you understand the above clearly. We are here to help you.

**I have read the above information; I understand and agree that I am responsible for the payment of all professional services rendered.**

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Signature

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Date