



John L. Lignelli, D.D.S.

Paul G. Smith, D.M.D.

John L. Lignelli II, D.M.D.

James A. Ward, D.M.D.

Insurance Patients:

Please be advised that you will be responsible for non-payment of your insurance claim if your insurance carrier fails to honor your claim because the particular service provided is not covered by your insurance or you have not complied with the necessary provisions required by your carrier. This includes but is not limited to co-payments or deductible or exclusions.

Acceptance of your insurance information is not a guarantee of payment.

Medicare Patients:

Please be advised you will be responsible for any services not covered by Medicare. This serves as your advance beneficiary notice.

Medicaid Patient:

In the event medical assistance denies preauthorization you give us consent to file an appeal on your behalf.

Non- Insured Patients:

Payment is expected at the time of service, unless prior arrangements have been made.

Insurance and Non-Insured Patients:

After 6 weeks from the date of service a finance charge of 1.5% is added monthly to unpaid balances. If collection services are required all collection fees, if incurred, will be your responsibility.

Signature of patient or responsible adult

Date

Certified by the American Board of Oral & Maxillofacial Surgery

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