Southeast Oklahoma Oral & Maxillofacial Surgery

Phone 580-332-3010 | 803 N Monte Vista St, Ada, OK 74820 | 1609 N. Strong Blvd. McAlester, OK 74501

Written Financial Policy

Thank you for choosing our office. Our primary mission is to deliver the best and most comprehensive oral surgery available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment options:

You can choose from:

MasterCard, Discover Card, Visa, Cash or Check

No Interest Payment Plans from CareCredit

CareCredit allows you to pay over time with no interest and convenient, low monthly payment plans also available, and No annual fees or pre-payment penalties.

We are no longer a Medicare Provider we have opted out. We can't take any of the Medicare dental plans either.

We are only taking SoonerCare/Medicaid patients 20 years of age and younger.

Everyone will be charged for an exam, which will be due the day of their consultations, along with any x-rays that are taken, unless you have dental insurance that we can bill.

When you provide us with complete insurance information, we will file your insurance at no charge as a courtesy. It is the patient's responsibility to know what your coverage is on your insurance. We will do a pre-treatment estimate if you would like if you furnished us with correct coverage.

If we do not receive payment from your insurance within a reasonable amount of time, it is the patient's responsibility to pay the balance in full for all services provided to you.

A fee of $150.00 is charged for patients who miss or cancel more than 1 time in a calendar year without 24 hours notice.

Our office charges $30.00 for returned checks.

This office is compliant with new HIPPA laws and regulations. For your convenience a copy of our privacy act is posted. If you would like a copy, we have them available.

Attention: Family & Friends are not allowed in the surgery room during a surgical procedure.
Please turn off all cell phones before going back to see the doctor.

If you have any questions, please do not hesitate to ask. We are here to help you get the oral surgery you want or need.

Signature: _____Date: _____

_____
Patient name please print