

Financial Policy

All patients are expected to pay their estimated patient/out of pocket portion prior to the start of treatment.

Initial visits, consultation fees, and x-rays will be billed directly to your insurance. We will not collect at the time of these services in hopes that your insurance will cover for your exam and/or x-rays. Should insurance fail to cover any/all of these costs you will receive notice from our office of the balance due to you. If you desire to know your coverage prior to these services please contact your insurance company directly.

Prior to surgical services our staff will do their best to provide you with adequate notice of your expected payment. However, it is ultimately the patient's responsibility to be aware of their insurance benefits/coverage. If you have insurance, our staff will work to confirm your benefit/coverage information. You will be sent a treatment plan estimate that will break down the total fee for your procedure, expected insurance coverage, and your estimated out of pocket portion.

As a courtesy we can attempt to expedite providing you with your benefit information by contacting your insurance company and confirming your information with them either by phone or through their website. If you would prefer to have a predetermination sent to your insurance company, please let our staff know during check out. Please keep in mind that it may take up to 8 weeks for your insurance to process the predetermination.

Insurance coverage information is always an estimate of coverage. Your insurance company will not guarantee coverage until after a claim with the date of service has been submitted and reviewed by them.

Following any services our staff will do our best to obtain the expected payment from your insurance company and provide them with any/all clinically necessary information to process your claim. Upon receiving a denial from your insurance company or request for more information our staff will resubmit your claim with any available requested additional information that is needed and a request for coordination of a "provider-to-provider" review if the information submitted is not sufficient. If your insurance company denies your claim a second time the balance will be due to you. At that point we will send you a statement along with a copy of the claim, all supporting documentation, and the denial from your insurance company.

Medical Insurance:

Our office does not bill to any medical insurance company unless we are in-network with them through their medical plan. If your treatment is determined by your dental insurance company to be medical in nature or requires processing by your medical insurance before dental coverage may be processed the balance will be due to you.

Patients 65 and older:

Please note that our office does not bill to Medicare as we are an "opt-out" provider. If your supplemental coverage requires we bill Medicare first your case will be treated as Private Pay.

Payment Options:

Payments may be made by credit/debit card, check, or cash (please be prepared with exact change as we do not keep cash in the office).

Our office does not offer in-house payment plans; however, we work with Care Credit in order to provide a payment plan option for our patients. Please ask a staff member if you have questions about this program.

Failure to provide expected payment at the time of service may result in the forfeit of your appointment time and a missed appointment fee.

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