

**ADVANCED ORAL SURGERY OF THE FINGER LAKES**  
**Pasquale Scutari, Jr., D.D.S.**  
**Payment Policy**

Thank you for choosing to pursue your health care at our office. It is our pleasure to provide the highest level of care available to our patients. We want to briefly review our payment policies with you to facilitate financial planning for the treatment you receive in our office.

**ORAL SURGERY PROCEDURES**

We do **not** participate with **any** insurance companies, regarding the surgical services related to all oral surgery procedures. We will **not** bill your insurance. If you wish to deal with your insurance, we will provide the appropriate codes to you. Treatment will be provided on a fee for service basis. Please note that Dental Implant procedures are considered to be elective.

**We also request that you become familiar with the provisions and limitations of your health insurance plan, and understand that the ultimate financial responsibility for your services lies with you.**

We collect payment in full at the time of service and your insurance carrier will reimburse you according to your specific plan. We offer CARE CREDIT as a financing option. This credit account is used specifically for health care expenses. Care Credit can offer you 6 or 12 months interest free financing, if you qualify. Please do not hesitate to ask us any questions that you may have.

\*Advanced Oral Surgery of the Finger Lakes does **not** accept payment from No Fault, Worker's Compensation or Tri-Care and therefore cannot accept patients covered by these carriers.

**Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks the treatment. Any court order responsibility judgment must be determined between the individuals involved without the inclusion of Advanced Oral Surgery of the Finger Lakes.**

*My signature indicates that I have reviewed this policy and have had any questions answered to my satisfaction.*

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**ADVANCED ORAL SURGERY OF THE FINGER LAKES**

**Pasquale Scutari, Jr., D.D.S.  
200 East Buffalo Street, #304  
Ithaca, NY 14850  
(607) 277-7007**

**TO OUR PATIENTS WITH MEDICARE:**

This office **DOES NOT** participate in Medicare. Please realize that Medicare may determine that a particular service, although it would be otherwise covered, is “not reasonable and necessary” under Medicare program standards (section 1862 (a) (1) of Medicare law). Medicare may thus deny payment for any of the following reasons:

- 1.) The procedure is considered a **dental** procedure.
- 2.) The procedure involved treatment of **teeth or gums**.
- 3.) The procedure involves **supporting tissue** of the teeth and gums.
- 4.) The procedure involved oral or facial lesions that are **benign** in nature.
- 5.) The procedure is cosmetic in nature.
- 6.) The procedure is not Medicare approved.

In order for us to treat you, please read the following statement and sign where indicated.

**I have been notified by Pasquale Scutari, Jr., D.D.S. that in my case, Medicare is likely to deny payment for services provided for the reasons noted above. If Medicare denies payment, I agree to be personally and fully responsible for payment of all charges for my care.**

\_\_\_\_\_  
Signature of Medicare Beneficiary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date