

Financial Policy

*Please take the time to carefully read our Financial Policy.
If you have any questions, please ask one of our staff members.*



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BURIEN

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Burien, WA 98166
PH (206) 248-3035
FX (206) 248-1463

RENTON

350 S 38th Court, Suite 220
Renton, WA 98055
PH (425) 235-4266
FX (425) 228-4138

SAMMAMISH

22739 SE 29th St
Sammamish, WA 98075
PH (425) 295-7300
FX (425) 228-4138

WEST SEATTLE

4744 41st Ave SW, Suite 107
Seattle, WA 98116
PH (206) 938-8572
FX (206) 932-2272

Patients without dental insurance are expected to pay in full on the day of surgery. All financial arrangements must be agreed to prior to the day of surgery. No exceptions.

Patients with dental and/or medical insurance are expected to provide complete and accurate information at the time of the appointment. Upon completion of services we will submit the claim to your insurance carrier.

Please understand that your insurance benefits are a contract between yourself and your insurance carrier. You are responsible for all charges regardless of any insurance payment and/or dispute.

- In most cases, your copay amount will be estimated prior to surgery, and that amount is due before surgery will begin.
- Any balance remaining after insurance has paid will be due in full within 30 days following receipt of a statement.
- If requested, a pre-treatment estimate can be sent to your insurance following your consultation.
- Please allow up to six weeks for a response.
- All balances older than 90 days will be subject to a 1% interest charge per month.
- A \$30 NSF fee will be charged for any returned/refused checks.

Should your account be referred to our collection agency, the undersigned shall pay all reasonable collection expenses, attorney fees, and court costs.