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## Fallon Oral Surgery

West Taft Medical Park, Suite 109

4820 West Taft Road

Liverpool, NY 13088

Telephone: 315-451-6988, Fax: 315-453-0150

**Please review our office and payment policies and fill out the attached forms prior to your appointment.**

**Please bring the completed forms to your appointment. If you have any questions, feel free to call!**

Our office policy regarding insurance and payments is as follows:

We are a NON PARTICIPATING, OUT OF NETWORK PROVIDER. If you have an insurance that we are able to bill, claims will be submitted to your carrier as long as you provide the billing department with the proper updated information, which includes: the subscriber, the subscriber's date of birth, the carrier name, insurance ID number, and proper mailing address. **Federally funded insurances (Medicare/Advantage Plans, TriCare) cannot be submitted as we are an opt-out provider. We are unable to treat patients with State Funded plans (CHP, Fidelis, Medicaid, UHC Community, etc).**

**All services with fees \$1000 or less, are payable in full on the date of service.** We will sign off the insurance claim, so the payment will go directly to the insured.

**On all services over \$1000, a deposit is required.** *If the charges are between \$1000 and \$2000, your deposit is \$1000. If the charges are \$2000 or more, a deposit of half of the total balance is due.* Your insurance will be submitted, and you have a total of 3 months between the insurance and yourself to be sure the bill is paid in full.

### General Policies

**All new patients will be required to show their photo ID when they check in.** We will take a copy and attach it to your account. This is for your safety and for ours.

**All patients aged 18+ must come into the office alone unless there is a *medical reason* that they need assistance.** If that is the case, please inform us ahead of time. Any patients under age 18 *must* have one adult accompany them.

**A referral from your general dentist is required.** If the referral was given to you, please make sure it comes with you. If it was not handed to you, please make sure that we have it prior to your appointment. If we do not have your referral, your visit will be rescheduled.

Please contact the office at (315) 451-6988 with any questions regarding payment or insurance.

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***I understand and agree to the above policies.***

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Signature

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Date