

366 Broadway Suite 100
Somerville, MA 02145



Timothy Usàorn, M.D., F.A.C.S.
Ovan U. Wardius, O.M.D., O.A.O.S.
T (617) 628-8000

7220,7021(51

Due to misunderstandings of dental and medical insurance coverage, all patients will be responsible to check their insurance prior to surgery. The patient must call both of their insurance's and write down:

You are calling for Impacted Wisdom Teeth.

1. The name of the representative they spoke to. _____
2. The percentage they are covered with their insurance. _____
3. If you are covered for general anesthesia. _____
4. Office copay. _____
5. Maximum. _____
6. Remaining for the year. _____
7. Deductible. _____

Procedure Codes:

D7240 - Full bony

D9223 - General Anesthesia

The patient must call two days prior to their surgery. If the patient fails to call their insurance to verify their information they will be %100 responsible for payment at the time of surgery.

Only if applicable:

Office copay plus deductible if not met will have to be collected at the time of service.

\$300 deposit with no medical coverage depending on remaining + maximum (with dental Insurance).
If low remaining or maximum deposit will grow.

Patient/Guardian Signature

Date