

ORTHOGNATHIC FINANCIAL ACKNOWLEDGEMENT

Dear Orthognathic Patient,

Attached you will find a booklet of things to expect before, during and after Orthognathic Surgery. After reviewing the booklet, feel free to call our office at any time with questions.

Costs are always on parents/patients minds so we want to share with you our experience over the past 25 years about what you can expect your insurance carrier to cover.

_____ (Initials) Pre-authorizations, pre-certifications, and notifications are performed by our office after your Orthognathic Workup appointment prior to your surgery date. Your out-of-pocket cost typically includes deductible, copayment, coinsurance, and any non-covered services. The CPT codes commonly used for this procedure are 21141, 21142, 21143, 21144, 21145, 21146, 21147 and/or 21196. Please contact your insurance company to discuss the specifics of your policy prior to your surgery.

_____ (Initials) Exclusions in your policy should be checked by you, the patient/parent. Exclusions cannot be appealed or overruled. An exclusion means that you **do not** have coverage for this specific procedure based on the insurance policy you carry. We cannot do anything to change this. You must change policies if you have an exclusion and require this type of surgery.

_____ (Initials) There are costs that are considered "non-covered" by your medical carrier. If they are considered non-covered services by your insurance carrier, we **will not** submit them to your Dental or Medical Insurance Company and **you will be responsible** for the cost of these items. They include but are not limited to **Teeth Extractions (See Below), dental models (\$98.00 fee), Cone Beam Dental Scans (\$250.00 fee), Genioplasty (see below).**

_____ (Initials) **Genioplasty** (CPT Code 21121) is the chin augmentation portion of the Orthognathic Surgery. This is an optional procedure and categorized as a cosmetic procedure by insurance companies as it is not medically necessary. **There is a fee of \$3000.00 due prior to the procedure being performed. Please discuss the necessity of the genioplasty procedure with your surgeon.**

_____ (Initials) **Teeth Extractions** (CDT Codes: D7210, D7220, D7230, D7240, D7241; Cost varies from \$230.00-\$425.00 per extraction) Dental extractions, normally wisdom teeth, may be part of your treatment plan. The extractions are a dental, not a medical, procedure. Coverage will be based on your dental insurance policy. We will verify your benefits if we participate with your insurance carrier and your co-payment will be due prior to surgery. Please be sure to provide us with your dental insurance information as well as a copy of your dental insurance card. **Please discuss the necessity of the extractions with your surgeon.**

Contact our Surgical Coordinator, Kate Davis, should you have any questions regarding your preauthorization or surgery date. She can be reached at kdavis@umaryland.edu. Please contact our Surgical Assistant, Wendy Guzman, with any clinical questions regarding postoperative care Wguzman@umaryland.edu.

I, _____, have read the above, and signing below with my expressed understanding of the Orthognathic Financial Acknowledgement.

Signature- Patient/Legal Guardian

Date

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