OFFICE POLICIES

PAYMENTS

We accept cash, personal checks and credit cards (Visa/MasterCard/Discover). Please be aware that in the case of a returned check, a $30 charge will be assessed in order to cover the cost that is incurred from our own bank. Payment in full is required at the time of services rendered. If you have insurance, it is our pleasure to file an insurance claim form on your behalf, however all deductibles and co-payments are due at the time of your visit. If your account is not paid within 120 days, you understand that the account will be turned over to a collection agency. The collection agency will charge an additional 35% in order to collect your balance due and it will be reported to the credit agencies.

INSURANCE AND YOUR RESPONSIBILITY

Traditional/Indemnity: If the insurance company indicates that the dentist fees are "above the usual and customary", please understand that most dentist rates are above the amount insurance companies are willing to pay. We do not write-off any differences between insurance UCR and our appointed fees.

PPO: If you are a contracted member with an insurance company in which we participate with, you are still responsible for all co-pays and deductibles at the time services are rendered. If you reach your maximum insurance benefits for the year prior to our claim being paid, you still will be responsible for all services rendered. Though we will make every effort in filing claims for your insurance benefits, please understand that we cannot accept final responsibility for collecting your insurance benefits. We are not a party to your insurance contract. It is our policy to verify benefits from your insurance company by phone or website before each visit, but even so, we have no way of guaranteeing that you will be covered. If you have secondary insurance, we will file this as a courtesy to you as well. Any insurance claims denied or remaining unpaid after 60 days, will become the responsibility of the patient/guarantor. A statement will be mailed to you monthly for that outstanding balance. After 120 days, a 35% collection fee will be added to your account and the balance will be turned over to Transworld Collection Agency.

CANCELLATION POLICY

A **24 hour** advanced notice is required in order to change a reserved appointment and to avoid a missed appointment fee. The fees are as follows:

PROPHY/EXAM: $25.00

RESTORATIVE WORK: $25.00 per ½ hour of scheduled time up to a maximum of $100.00

SIGNATURE: _____ DATE: _____

PLEASE TURN OFF ALL CELL PHONES WHEN ENTERING TREATMENT ROOMS.

CONSENT FOR USE/ DISCLOSURE OF HEALTH INFORMATION AND ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

A copy of the office NOTICE of PRIVACY PRACTICES (HIPPA) has been made available to me. By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations. You have a right to revoke this consent at any time by giving us written notice and submitting to our Office Administrator.

SIGNATURE: _____ DATE: _____

Printed Name: _____ SS#: _____