

ABOUT YOUR APPOINTMENT AND OFFICE PROCEDURE

As a service to you, our office accepts insurance and will file your insurance for you. However, dental insurance is not intended to cover all dental expenses. Deductibles and co-payments are expected to be paid at the time of service. Our office accepts cash, checks, MasterCard, Visa. Also, you must understand that insurance is a contract between you and your insurance company, and our office is not a party to that contract. The ultimate responsibility for payment is yours. Our office will do everything in its power to insure that you receive maximum allowable benefit.

All accounts that are 30 days or more past due are subject to 1/5% per month finance charge on the unpaid balance (18%) as well as any expenses that may be incurred collecting past due accounts.

Our office is HIPAA compliant and we are doing everything possible to protect your personal health information. If you overhear another patient's health information being discussed, please keep this information confidential.

It is our courtesy to confirm your dental appointment. At times, we may call to discuss your dental treatment. Please provide phone numbers where you choose to be contacted, _____, _____.
If we are unable to contact you, may we leave a message? Circle Y or N.

If you are unable to keep a scheduled appointment, please contact our office 24 hours in advance. However, if an appointment is missed there will be a charge of \$125.00 for non-surgical appointments. For surgical appointments that are rescheduled with less than 72 hours notice there will be a charge of \$250.00.

May we have your consent to take a facial photo for our database, for identification purpose only? Circle Y or No. Please be advised in order to complete your periodontal treatment appointment, oral photos will be taken.

All of our office employees are trained in HIPAA. Any new employees will be fully trained by their probation period to protect your personal information. If you have any questions concerning our procedures, please feel free to ask one of us.

Thank you,

I have read and understand the above policy.

Signature

Date

Employee Signature

Date