

## OFFICE AND FINANCIAL POLICIES

### **HIPAA Regulations:**

These rules were designed to help us protect the privacy and security of your health information. You will be required to fill out forms giving our office permission to use this information for medical and insurance purposes, enabling us to provide the best possible care for you and your family.

### **Missed Appointments:**

We understand that sometimes circumstances arise that prevent patients from keeping appointments. We ask that you give 24 hours notice if you cannot keep your appointment. Please be advised that if we do not receive adequate notice of cancellation, we reserve the right to assess a fee comparable to your allotted appointment time.

### **Insurance & Payment:**

Rising health care costs are a serious problem. Therefore, we want to do everything possible to help control costs and provide our patients with quality dental care.

Insurance is a contract between YOU and YOUR INSURANCE COMPANY. We will bill your insurance company as a courtesy to you. Copayments and deductibles are due at the time of service. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination. Charges not covered by insurance are your responsibility.

If you have double coverage, it can be very difficult to estimate the coverage of the second insurance. Therefore copayments are based off the primary insurance and are due at the time treatment is completed. We will then file your secondary insurance and promptly reimburse any credit to you.

### **To help meet your needs we offer the following payment options:**

1. If you are uninsured and paying in full by check or cash at the time of treatment, a courtesy credit of 5% will be applied.
2. If you are insured your co-payment is expected at the time of service prior to filing the insurance claim.
3. We accept payment by Visa, Mastercard, Discover, Care Credit, check or cash.
4. Accounts 60 days past due will be subject to 18% interest.
5. Accounts 90 days past due are subject to dismissal and collection proceedings.

### **Other actions resulting in dismissal from the practice include but are not limited to:**

- Excessive lateness
- Three broken appointments (without adequate notice)
- Inappropriate behavior; non-cooperation

If you have any questions regarding our office policies, please ask. We are always happy to assist you with any inquiries or needs.

***My signature indicates that I have read and understand the office and financial policies of the Family Dental Center.***

\_\_\_\_\_  
Patient Signature or Legal Guardian

\_\_\_\_\_  
Date