



NO SHOW/CANCELATION POLICY

Appointments are made on a per appointment basis and time is reserved exclusively for you. As a courtesy, we attempt to remind your appointment by calling you, sending you email and/or text reminders to those patients that have signed up for this options. However, it is ultimately the patient's responsibility to keep their schedule appointments.

Our office is dedicated to providing you with the highest quality dental care in a timely manner, when you schedule an appointment that time is reserved exclusively for you. We asked that you understand that late arrivals adversely affect our ability to provide prompt attention to you and/or other patients schedule after you. Please keep in mind that late arrivals may result in a cancelation of your appointment.

When you fail to notify us of your inability to keep your appointment, another patient in need of dental treatment is unable to receive treatment. We ask that you notify us as soon as possible, if you cannot keep your schedule appointment, a \$25.00 fee may be charged for any missed appointments. We strongly encourage that you keep your appointments, as there might be a wait to reschedule, especially when it comes to evening and Saturday appointments.

FINANCIAL AGREEMENT

All copays/patient portions are to be paid at the time of service. If you are unable to fulfill your financial responsibility we do reserve the right not to render services that are scheduled appointment. Our office accepts cash and all major credit cards, Outside financing is available through Care Credit upon request and approval. Our office doesn't accepts payments plans and you may be subject to a billing fee if a statement is sent. Returned checks will be subject to a \$30.00 returned check fee.

ASSIGNMENT OF BENEFITS

Our office accepts assignment of benefits from your insurance company, with the provisions listed below. It is important to understand that the agreement regarding your dental benefits is between you and you, your employer and your insurance company. The obligation you have with our practice is to pay for treatment, regardless of the amount you may or may not be reimbursed by your insurance company, the following provisions identify our policies governing insurance claims: We will bill your insurance company as a courtesy.

We require you pay the estimated patient portion not covered by your insurance company at the time of service to you. The portion we estimate, is only an estimate which can results in an additional amount due after benefits have paid to our office.

We do not guarantee that our insurance company will pay for the treatment you receive from our practice. We perform routine insurance billing procedures upon verification of coverage. However, if you claim is denied, you will be responsible for paying the full amount at that time.

HIPAA/PATIENT PRIVACY ACT:

The Health Insurance Portability and Accountability Act requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future. To comply with one of the HIPAA's requirements, we are offering to give you a copy of our Notice of Privacy Practices. This policy contains information that HIPAA requires us to disclose regarding our privacy practices.

We are also required to obtain your written consent and acknowledgment prior to disclosing any of your information except for our disclosures in connection with: defense to a claim challenging our profession competence, a review of entity's functions; a claim for payment of fees; a third party payer's examination of our records; court order as part of a criminal investigation; an identification of a dead body; a licensure investigation; or and child abuse/neglect investigation. It may be necessary for us to make disclosures of you information in connection with your treatment. For example, we may disclose of your information in connection with coordinating your treatment.