OFFICE POLICIES AND FINANCIAL AGREEMENT

Thank you for choosing Dr. B. Dentistry to service your dental needs and concerns. The following describes our office policies and financial agreement. We ask that you please read, agree to, and sign this document so that we have your permission to provide the highest standards in quality dental care.

______ **SOCIAL SECURITY NUMBER DISCLOSURE (OPTIONAL).** We understand the growing need to protect your identity from theft. Please rest assured knowing that your information is safe with us as we are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Payment Card Industry (PCI). Our desire for social security numbers helps us to serve our patients better. We use your social security number to verify your account information and medical records thereby reducing the possibility of duplicate accounts or charts. It is also used to verify insurance benefits and submit claims on your behalf. However, it is not a requirement to provide your social security number.

______ **PAYMENT OPTIONS.** Our office accepts payment in the form of cash, check, Visa, Mastercard, American Express, Discovery, Apple Pay, or Care Credit. For payments made in full on the day of service where claims will not be submitted to insurance, we offer a 5% discount when paying by cash or check. A fee of $50 will be charged on all returned checks. For those patients who have a history of less than five payments to the company, they will be expected to pay by only cash or credit/debit card. Please know that the parent or guardian who accompanies a child to our office for treatment is responsible for payment of all services rendered.

______ **INSURANCE CONSIDERATIONS.** For patients paying with insurance, be prepared to show the insurance card and photo identification at the time of treatment. It is the patient's/guarantor's responsibility to provide any new information regarding insurance. Please know that we take pride in giving our patients honest, sincere recommendations based on their personal dental care needs, and not based on their insurance coverage. We submit dental insurance claims to insurance companies and strive to maximize insurance benefits as a courtesy to our patients. However, due to pending claims, privacy issues, and changes made by employers, we do not always know how much an insurance company has already paid or will pay. It is also important to understand that an insurance contract is between the insured and the insurance company, and that insurance was never designed to pay for all dental care. In order to reduce your immediate out-of-pocket expenses, the patient/guarantor authorizes Dr. B. Dentistry to accept upon receipt direct payment from the dental insurance company on behalf of the patient. If, for some unforeseen reason, your insurance carrier has denied or not made payment within 60 days, the patient/guarantor is responsible for the balance in full. It is the patient's responsibility to notify our administrative office of the order in which to process claims. If the patient does not disclose this order to us, we will use our professional judgment to decide for the patient.

______ **ACCOUNTS WITH CREDIT BALANCES AND DELINQUENT ACCOUNTS.** For any account that has a credit balance from over payments, the patient can request a return of overpayment and expect a monetary check to be mailed to the most recent address on file within thirty days of the request. If the patient does not request a return of overpayment, any account that has a credit balance over $1.00 after 90 days will receive a monetary check by mail dependent upon the most recent address on file unless the patient requests that the credit balance be retained on the patient's account. After 90 days of no communication or update on payment, the account will then be submitted to a collection agency.

______ **COMMUNICATIONS.** By providing your e-mail address, we can communicate with each other regarding Patient's Protected Health Information (PHI). Forms of electronic communications (i.e. e-mail, facsimile, video chat, cell phone, texting) can never be absolutely guaranteed to be secure or confidential, and there is always a possibility that an unauthorized party may gain access. Therefore, you agree that we may not be able to the guarantee confidentiality with respect to the above means of communication. Any communications may become part of your medical record. Text and e-mail are not an appropriate means of communication for time-sensitive problems, in an emergency, or for disclosing sensitive information. In an emergency or a situation that could develop into an emergency, please call the office or 9-1-1 for further instructions or seek care at a walk-in clinic or emergency room.

...continue to back page...

______ **CANCELLATION POLICY.** Short notice cancellations (within 24 hrs) or failed appointments will result in a $50 charge. By adhering to this policy, our office can ensure greater appointment availability to our patients, thereby allowing us to take even better care of you when you need us most. Any exceptions will be approved by the office manager.

OFFICE & CLINIC HOURS
Monday through Thursday
8:00 am – 5:00 pm

I have read, understand and agree to the above Office Policies and Financial Agreement. I have had an opportunity to ask questions regarding this policy to any administrative team member of Dr. B. Dentistry. I also understand that this agreement is subject to change, and that I can request a copy of the most recent version at any time.

____

Signature of Patient/Guarantor/Parent/Guardian Date

____

Name of Child (if applicable)

...continue to back page...