FINANCIAL AND DENTAL INSURANCE POLICY

OUR OFFICE DOES *NOT* PARTICIPATE WITH DENTAL INSURANCE

We wish our patient to know that all professional services rendered are charged on an individual basis directly to the patient. Payment is expected at the time of service unless other arrangements have been made with the front office staff. We accept Visa, MasterCard, Discover, cash or personal checks.

If you have dental insurance, please provide us with a copy of your benefit card and we will be happy to submit to your dental insurance carrier for your reimbursement. Your dental insurance is a contract between you and your insurance carrier, therefore, it is the responsibility of the patient to know their individual or group benefits.

NOTICE OF PRIVACY POLICY

The privacy of your health information is important to us. This notice summarizes how your healthcare information may be used by this office. If you wish to review the entire policy, please notify the front desk personnel.

Disclosure of your protected healthcare information will be made only when necessary to carry out treatment, payment activities and healthcare operations. This disclosure may be made to other members of your immediate family, to other medical or dental professionals and to your insurance company for claims processing.

I have read and understand the privacy, financial and dental insurance policies. I understand that I am responsible for any amount not covered by my insurance and I agree to pay all collection costs including, but not limited to, reasonable attorney fees on any unpaid balance.

Print your name: _____

Signature _____ **Date** _____