

## MILL POINT DENTAL CENTER: OFFICE POLICIES

In an effort to maintain a high level of professional care, we have established the following office policies for our patients. Our primary responsibility is to help our patients establish and maintain excellent dental health. Therefore, we would like to explain our guidelines in order to avoid any misunderstanding in the future.

- **We have found that insurances rarely pay 100% of most dental fees; therefore, we ask that all co-payments and estimated patient financial portion be paid for at the time of service**, unless other arrangements have been made prior to appointment (See Financial Options below). **After your insurance has paid, there may be a remaining balance and you will be sent a final statement for that amount.**
- We bill all insurance companies as a courtesy, when you have provided our office with correct, current information. Even though you may have insurance claims pending, you will receive a monthly statement for the outstanding balance of your account. **Though we work very hard in submitting your claims accurately, we cannot accept responsibility for collection on an insurance claim after 60 days or for negotiating a disputed claim.** We do not have control over an insurance companies' interpretation of their responsibility to pay your bill or when our agreement is with you, as your patient. **Be aware, all accounts will be charged a 9.9% interest fee for each month the claim is out, even if it is still out with insurance.** The bill is still ultimately your responsibility to have paid within a 60 day period.
- It is the responsibility of the patient to provide us with a current phone number and address to confirm appointments. **If we are unable to contact you 24 hours prior to your scheduled appointment time, we reserve the right to reschedule your appointment.**
- **Please give a minimum 48 hours notice if you are unable to keep your appointment.** These short cancellations severely limit our ability to provide quality services efficiently because of losses incurred due to last minute cancellations. **If you miss your appointment without adequate notice, a fee of \$50.00 per hour reserved for your appointment time will be charged to your account.**
- **There will be a \$25 fee charged to your account for each returned check.**
- If you are medicated with a drug for a procedure that impairs mental and/or physical abilities, you **MUST** have a driver bring you to your appointment and be able to take you home. If you are to pay with a check, it must be made out prior to you taking the medication. If a credit card is used, you must pay prior to your appointment date.
- **If your child is under the age of 18, you will be requested to remain on the premises during the appointment.**

### FINANCIAL OPTIONS

Dental treatment is an excellent investment in an individual's well-being. Financial considerations should not be an obstacle to obtain health. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we are providing the following payment options:

- **Cash or Check** - 5% courtesy discount when paid in full at the time of service.
- **Credit Card or Bank Card** - Visa, MC, AMEX or Discover.
- **CareCredit** - This is a line of credit, subject to credit approval. If application is declined, another form of payment listed above is required. Ask us if you need help getting set up with an account.

**I have read the Office Policies, as well as the Financial Options and have provided the correct insurance information, if any. I understand that, regardless of the insurance coverage I may have, I am fully responsible for the payment of my account in a timely fashion.**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_ have been offered/received a copy of this office's Notice of Privacy Practices.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For office use only:** We tried to obtain written acknowledgement of receipt of our Notice to Privacy Practices, but could acknowledgement could not be obtained because:

**Individual refused to sign**   **Communication barrier prohibited it**   **An emergency situation prevented it**   **Other**