



FINANCIAL POLICIES, MISSED APPOINTMENT POLICIES, AND HIPAA

We are happy to have you at Waterree Family Dentistry and we thank you for entrusting your dental care needs with us. In order to enhance communication and promote understanding regarding this office's financial and missed appointment policy, please read through the following information. If you have any questions or concerns, please let us know. Thank you.

DEPOSIT REQUIREMENTS AND CANCELLATIONS: Deposits may be requested for large/complex treatment appointments. For cases in which there is a significant laboratory expense, a minimum deposit of half of the treatment estimate will be required at the time of scheduling the appointment. This deposit will be fully applied to the account balance for treatment that is done. If the appointment is canceled in less than the required 24 Hours, there will be a \$25.00 Charge per every 30 Minutes of scheduled appointment time.

UNCONFIRMED APPOINTMENTS: Please note that ALL unconfirmed appointments may be CANCELED and offered to a waiting patient. You may contact us to reschedule your appointment. We have made the investment to better assist our patients by sending out friendly appointment reminders by email, text and phone calls. Please make sure you confirm your appointments with us before the required 24 Hour notice.

INSURANCE: We are happy to bill both your primary and secondary insurance carriers as a courtesy to our patients. Please understand that each patient is ultimately responsible for the cost of the services rendered. Your insurance policy is a contract between you, your employer and the insurance company.

- All charges are your responsibility whether your insurance company pays or not. All services may not be covered by your insurance contract.
- If the insurance company does not pay your balance in full within 30 days, we will ask that you contact the carrier to help speed things up.
- If the insurance company does not pay in full within 60 days, you are required to pay the balance due with cash, personal check, MasterCard, Visa, Discover or American Express.
- We will do our best to estimate insurance coverage and patient portions due. If the insurance company does not pay the full amount anticipated, the patient is responsible for the difference. Payment is expected within 10 days after the statement date.

PATIENT PAYMENT: Payment is due at the time of services rendered. For large cases (greater than 500.00 dollars), the patient may elect to set up a payment plan, not exceeding 3 months. This payment plan is only to be offered when using our credit card authorization form. We would also like to offer our patients CARE CREDIT as a financing option. This is a service that provides personal lines of credit to cover health and dental payments. Ask us for further details on this payment option. Returned checks will be subject to a \$30.00 returned check fee.

HIPAA/PATIENT PRIVACY ACT: The Health Insurance Portability and Accountability Act requires this office to comply with certain rules regarding the maintenance of the privacy information that we have collected and will collect in the future. To comply with one of HIPAA'S requirements, we will offer you a copy of our Notice of Privacy Practices upon request (it can also be found on our office website). We are also required to obtain written consent and acknowledgement prior to disclosing any of your information in connection with your treatment (dental labs, referral, etc.).

In signing below, I acknowledge I have read, understood and agree to all policies stated above.

Sign _____ Date _____