ACKNOWLEDGMENT OF RECEIPT OF

HIPAA PRIVACY PRACTICES AND OFFICE PAYMENT POLICY

Restoring your oral health is our foremost objective. Our treatment will always be rendered solely on the basis of your individual needs and not dictated by insurance. We require payment at the time of services unless special arrangements have been previously made. We accept cash, checks, VISA, MasterCard, Discover, American Express, and Care Credit. Please advise us if you are unable to comply with our policies so that we may discuss and consider alternative payment options for your treatment needs.

REGARDING ALL INSURANCE: We cannot promise that an insurance company will pay for your care, even when it is pre-authorized or estimated. We will submit bills to your insurance carrier as a courtesy but will not become involved in disputes between the insured and the insurance company. This courtesy will commence as soon as we are able to confirm overage for services and have the proper, signed insurance forms.

Payment of non-covered services and co-payments is expected at the time of service.

We strongly urge you to contact the insurance company to verify your benefits, as sometimes incorrect information is provided to us. If an insurance company fails to pay for services within 90 days, the undersigned is responsible for payment. If the insurance company erroneously pays directly to the insured, the amount shall be forwarded to this office within three (3) days. Ultimately, you are responsible for all outstanding balances. After reasonable efforts on our part to obtain payment, we will solicit the services of a collection agency if necessary.

ASSIGNMENT OF BENEFITS: I hereby assign all insurance benefits to be payable to D'Andrea & Pantera, DMD,PC. If not, I assume all financial responsibility for my account.

MISSED/CANCELED APPOINTMENTS: Personal attention and care are extremely important to your dental care and your appointment time is reserved especially for you. We respect your time, please respect ours. As a result, there is a **$50** charge for missed hygiene appointments, **$100** for missed Doctor appointments without 24 hour notice. In addition, missed appointments on a Saturday will be **$100**. This missed appointment charge is the patient's responsibility and cannot be billed to the insurance company. Missed appointment fees must be paid before scheduling or at subsequent appointments. If more than three (3) are missed without notification, we will recommend that you seek treatment at another facility that can better accommodate your needs.

RETURNED CHECKS WILL BE SUBJECT TO A $15.00 BANK PROCESSING FEE.

I, ________________________, have received a copy of this office's Notice of Privacy Practices.

(please print name)

_____________________________________ _________________________________

(signature) (permission to speak with)

____

(date)

You may refuse to sign this acknowledgement.

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

( ) Individual refused to sign
( ) Communications barriers prohibited obtaining the acknowledgement
( ) An emergency situation prevented us from obtaining acknowledgment
( ) Other (Please specify)