Dental Insurance

As a courtesy we offer to file your claim to the insurance company. You are responsible for the full payment of your portion and any deductible that may apply. However, if the insurance does not pay its estimated portion you will be responsible for the remaining balance.

Usual and Customary Fee Schedule

We have found that most insurance companies cover "up to 100% of preventative, 80% for basic, and 50% for major services." Due to the reasonable and customary fee schedule set up by your insurance company, they may not pay the full 100%, 80%, or 50% of our fees.

We do not base our fee schedules on the insurance companies usual and customary fee schedule. It has been the experience of many dentists that some insurance companies tell their insured that "fees are above the usual and customary fees" rather that saying "our benefits are low." How much your insurance pays depends on how good your policy is. An in-expensive policy will pay less than a better policy. Your employer usually makes this decision.

Cancellation Policy

Please allow 24 hours notice if you need to change your dental appointment. However, without 24 hours notice a $35.00 charge for a missed appointment will be applied to your account. We understand the unexpected can occur, but we appreciate your consideration of our time and the appointment time of others.

I, the undersigned, have read and understand the above office policies and understand my personal insurance policy. I agree to pay any charges not paid by my insurance company and cancellation fees that apply.

X____ ____________________

Patient or Parent/Guardian Signature ***Date***

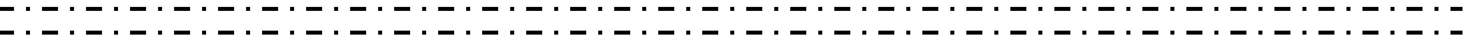
Privacy Practice (HIPPA)

* You may refuse to sign this acknowledgement *
(A complete copy of the HIPPA Law is provided in the office lobby)

By signing below, you understand we cannot release any information without your written consent; however this is not your written consent, just an understanding of the privacy (HIPPA) law.

X____ **X**____________________________________

Patient or Parent/Guardian Signature ***Please Print Name***



For Office Use Only

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

( ) Individual refused to sign
( ) Communication barriers prohibited obtaining acknowledgement
( ) An emergency situation prevented us from obtaining acknowledgement
( ) Other (Please Specify) ____