

MONTGOMERY DENTAL ASSOCIATES

377 Montgomery Street
Chicopee, MA 01020
(413) 592-2500

OFFICE FINANCIAL POLICY and ACKNOWLEDGMENT OF HIPAA

FINANCIAL POLICY

Payment is due at the time services are rendered. For your convenience, we accept cash, Visa, MasterCard, Discover, American Express, personal check, money order or registered check.

Insurance benefits are determined by your employer and not your dentist. **Any deductible or estimated co-payment amount will be due at the time of treatment.** Insurance is not a guarantee of payment; insurance companies may not pay for all services nor for all your costs. Your insurance policy is a contract between you and your insurer. Your insurance and payment are still your responsibility. As a courtesy, we will be glad to file your claim for you if you bring (1) your dental insurance wallet card and (2) all required subscriber and employer information. You will be expected to pay for services rendered if the office is unable to verify your insurance information before treatment. If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible.

We reserve the right to charge and collect fees for broken appointments - appointments that are cancelled or broken without 48-hours advance notice. Appointments are reserved exclusively for you. As a health benefit to you, we may offer to move your appointment to an earlier time if openings arise.

Returned Check Fee of what the bank charges our office will be added to your account balance and is collectible.

I have read and understand this financial policy.

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

You May Refuse To Sign This Acknowledgment

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

Name: _____ Date: _____

Signature: (X) _____

Please include the names of any children under the age of 18.

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For Office Use Only

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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 acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)