

HIPPA COMPLIANCE AND OFFICE POLICY

It is our goal to provide the best possible dental care for you. We do realize financial concerns arise at times. Therefore, we offer the following options. We will be happy to work with you to plan the most appropriate arrangements. We want you to be able to enjoy the benefits of excellent dental health.

ASSIGNMENT OF INSURANCE

Our office understands the value of insurance benefits to our patients and we gladly accept assignment of insurance benefits. **Rarely does an insurance company cover an entire bill.** We will do our best to estimate your deductible and the portion that will be covered by your insurance carrier after you have provided us with your coverage and proof of eligibility. **However, any balance remaining is your direct responsibility.** This includes any non-covered services, yearly deductible, co-payments, or alternate provisions particular to your individual insurance plan. It is impossible for us to be familiar with the details of every insurance plan; therefore, we ask that you be aware of your financial responsibilities under the terms of your policy.

APPOINTMENT POLICY

- X _____ We are dedicated to your quality care and are pleased to reserve time for you. If you need to cancel or reschedule your appointment, we require ***at least twenty-four hours' notice in order to avoid a \$50 fee.*** This permits another patient to receive dental care in your absence.
- X _____ ***We are closed on Fridays. If you have an appointment on a Monday and are unable to make it, we need to be notified by 9:00 AM Thursday morning prior to your scheduled appointment.***

PAYMENT OPTIONS

- ❖ Our office offers a **7% savings** for patients willing to pay by cash or check for the **entire cost** of their treatment and a **4% savings** if treatment is **paid in full** by credit or debit card.
- ❖ We accept cash, checks, MasterCard, Visa, Discover, and American Express
- ❖ Senior citizens who are at least 65 of age receive a **10% savings** *when paying for treatment in full by cash, check, debit or credit. No other discounts applied.*
- ❖ Our office can provide other flexible payment options to fit your budget. Please ask for details at the front desk.

Thank you for understanding and following our office policy. We look forward to caring for your dental needs and encourage you to discuss any questions or concerns about all aspects of your treatment with us.

I have read and understand the office policy, payment options, and the notice of privacy practices. I hereby authorize Dr. David Gluckman to use my individually identifiable health information in the context of dental treatment, payment and healthcare operations.

Signature

Date

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