MEADOWDALE DENTAL CENTER

Gentle Family Dentistry

OFFICE FINANCIAL POLICY AND CONSENT

Insurance benefits are determined by your employer/insured 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 and may not pay for all your costs and is a contract between you and your insurer.

As a courtesy we will file a claim for you when you provide us with your insurance information. Co-payment is due at time of service. We accept cash, visa, american express, discover, personal check, money order or registered check.

You will be expected to pay for services rendered if the office is unable to verify your insurance prior to treatment. If payment for services rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance is considered due.

Appointments are reserved exclusively for you, and we reserve the right to charge a fee of up to $100.00 per hour scheduled for appointments that are missed or cancelled without a 48-hour advance notice.

I authorize Meadowdale Dental Center to take X-rays, study models, photographs or any other diagnostic aid deemed appropriate by my dental provider in order to make a thorough diagnosis of my dental needs. I also authorize any and all forms of treatment, medication and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I have been offered a copy of the Notice of Privacy Practices for Meadowdale Dental Center (available on website and in office). The Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that might occur in my treatment, payment for services or in the performance of the office's health care operations. It describes my rights and the responsibilities and duties of this office with respect to my protected health information.

My receipt of acknowledgement is also in behalf of those minor children (under 18 years of age), who are under my responsibility for financial and dental care as filed in office records.

Persons with whom you may share my information:

_____ _____

_____ _____

I have read and understand the Office Financial Policy, Consent and Notice of Privacy Practices Acknowledgement.

_____ _____ _____

Print Name Signature Date