

POLICIES FOR DENTISTRY BY DR. DAVID

In an effort to avoid any misunderstandings, we would like to review our financial and office policies before you begin treatment in our office.

Payment is expected at the time services are performed. We accept MasterCard, Visa, Discover and American Express. For extensive services we offer low and **no interest** payment plans through Care Credit.

For our patients with dental insurance our policy is as follows:

You will need to supply us with the employee information (name, date of birth, social security number, employer and ID#) as well as the name and address of the insurance company. We will do our best to answer any questions you may have about your insurance coverage but always suggest that you call or visit your insurance company's web site.

As a courtesy to our patients, we will gladly submit the insurance claim to your insurance company. We will collect your estimated co payment and deductible at each visit. We make every effort to determine your insurance benefits when you receive treatment but consider your co payment an **estimate** until we receive payment from your insurance company.

Please remember that any information we provide relative to your insurance coverage is our best estimate and not a guarantee of the payment that will be received.

Patient Communication Policy

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication. Our first email to you will verify the email address you provide.

- I consent to and accept the risk in receiving information via email. I understand I can withdraw my consent at any time. My email address is _____.
- I consent only to receiving appointment reminders via email or text. I understand I can withdraw my consent at any time. My email address is _____.
- I do not consent to receiving any information via email. I understand that I can change my mind and provide consent later.

Appointment policy

We reserve appointment times specifically for each patient so that we may provide the ultimate service. Please schedule your appointment carefully as there will be a charge to your account for any appointment cancelled without 36 hours notice. Similarly, late arrivals can create scheduling problems with other patients. Please notify us if you are going to be late. Please note that for minor children, the parent that brings the child to their first appointment assumes responsibility for costs of services rendered.

Please call during our regular business hours of M, T, Th 8-5; W 8-4 as our machine is not able to take cancellation messages.

If you have any questions about any of our policies, please feel free to ask any member of our staff.

Signature _____ date _____