

## Privacy Practices Acknowledgement/HIPAA

Please review our attached Notice of Privacy Practices. We encourage you to read it carefully before signing. By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations. This includes, but is not limited to, submission of insurance claims and consultation with dental specialists (endodontists, oral surgeons, periodontists, etc.) if necessary.

I acknowledge that I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that, by signing this form, I am giving my consent to House Family Dental to the use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Financial Policy

### Patients Without Dental Insurance

1. Cost of treatment is due the day service is rendered.

### Patients With Dental Insurance

1. Patient is responsible for providing our office with correct and updated insurance information. If we are not given the correct insurance information and are unable to process your claims after 30 days, you will become responsible for the full cost of treatment.

2. Patient is responsible for knowing their insurance benefits.

3. Patient is responsible for any portion of treatment cost that the insurance company does not cover.

4. **Estimated** patient portion is collected the day service is rendered. As a courtesy to our patients we provide a treatment plan for all recommended treatment. This treatment plan includes the **estimated** out-of-pocket expense for the patient. Please keep in mind that when a patient chooses to utilize insurance to help pay, we can only **estimate** the balance due to us.

5. When utilizing two or more insurance companies there may be a delay in determining the balance due after insurance has paid as each insurance company has 30 days to respond to any claim submitted. A claim can only be submitted to one insurance company at a time.

### All Patients

1. We do not have the ability to set up payment plans. We do offer financing through Care Credit.

2. Statements are typically mailed after all outstanding insurance claims have been processed.

3. Unless you have a signed, notarized court order to keep on file, the parent who brings the child in for their visit will be considered ultimately financially responsible.

4. Finance charge of 1.5% will be assessed on all account balances not paid within 30 days of statement due date.

5. Accounts that have had three consecutive statements processed and have not had a payment will be referred to a collection agency. The consumer or entity signing below hereby agrees to pay a collection cost for the collection of accounts of \$50.00, and is responsible for the reasonable attorney fees.

6. A returned check fee of \$30 will be assessed on all checks returned as unpaid by your bank.

7. We reserve the right to dismiss you, and any other patient associated with your account, from our practice if the account is referred to a collection agency. Dismissal means we will no longer see you as patients.

My signature below indicates I understand and agree to all the above Financial Policy.

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_