Dunwoody Park FAMILY DENTISTRY

Policies and Procedures

Dental Insurance:

We are glad to assist you in obtaining the maximum benefit from your dental insurance plan. Once your plan coverage has been verified, we will accept assignment of payment from your insurance company. Most plans only cover a portion of the dental fee, which means you will be responsible for your deductable and the portion we estimate your plan will not cover. Payment of your portion is expected at the time you are in our office for dental care, unless prior arrangements have been made. Please keep in mind that **insurance is only an estimation, not a guarantee of payment**; therefore, if insurance does not cover as much as we've estimated, you, as the patient, are responsible for the balance. It is your responsibility to inform the office staff of any changes in your insurance coverage and eligibility prior to any services being rendered. If you fail to do so, this could result in a balance on your account. **INITIAL**_____

Payment Options:

For your convenience, we accept Cash, VISA, MasterCard, American Express and Discover. We DO NOT accept personal checks. Again, we are a "pay at the time of services rendered" office. If you have any services where insurance does not cover 100%, then you are responsible for the payment when dental treatment is performed. **All treatment must be paid in full on the same day as services rendered. INITIAL**_____

Notice of Privacy Practice:

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practice is to explain how Dunwoody Park Family Dentistry may use or disclose your health care information. The notice also explains the rights that you are guaranteed under HIPAA regulations. Though Dunwoody Park Family Dentistry always strives to protect the integrity of your health care information, we are required by the HIPAA Privacy Rule to distribute this notice to you. **INITIAL**_____

Appointments:

Our appointments are scheduled to respect your time. We reserve a specific time for your care and we make every effort to see you at that appointed time. We appreciate your promptness and consideration in not changing your scheduled time. However, if you do need to change an appointment, a **24 hour notice** is expected. If you DO NOT contact the office before this **24** hour window, whether in person, by phone, voicemail and/or email a **$50 fee** will be assessed on your account. The broken appointment fee needs to be paid to schedule next appointment. **INITIAL**_____

Thank You for Your Cooperation!

----------Please Sign Below----------

I, _____, have read and understand the policies and have had all of my questions answered before signing.

Signature _____ Date _____