Chestnut Dental HIPPA and Financial Policies

Patient Name _____
Date of birth _____

ACKNOWLEDGEMENT OF PRIVACY POLICIES

Part 1. Notice of privacy practices: I have read the office's posted Notice of Privacy Practices and agree to this policy to comply with the requirements of the Health Insurance Portability Act of 1996 and regulations. I grant the right of the dentist to release my dental/medical histories and other information about my dental treatment to third party payors and/or other healthcare professionals and may be used and disclosed for treatment, payment or healthcare operations. **IN THE SPACE BELOW, LIST ANY FAMILY MEMBER WE CAN SHARE INFORMATION WITH:**

Name:_____ **cellphone #** _____
Name: _____ **cellphone #**_____
Name: _____ **cellphone #**_____

PATIENT SIGNATURE REQUIRED FOR PART 1
X_____

EMERGENCY CONTACT

Name_____ **Relationship** _____
Emergency Contact Phone Number _____
Alternate phone number _____

DO WE HAVE YOUR PERMISSION TO CALL **EMS** ON YOUR BEHALF:
Yes _____ **No** _____
Hospital preference_____

PART 2. Authorization for imaging

1. I hereby authorize this office to take photographs, slides, and/or videos of my face, jaws, and teeth. I understand that the photographs, slides and/or videos will be used as a record of my care and maybe used for educational purposes in lectures, demonstrations, advertising (including website publication, newspapers, magazines,phone books and television) and professional publications (dental magazines and journals). I further understand that if the photographs, slides and/or videos are used in any publication or as a part of a demonstration, my name and other identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of these photographs.

SIGN HERE FOR PART 2 _____

OVER →

PART 3: Financial Policy

Payment is due at the time treatment is rendered. For your convenience, we accept cash, credit cards, checks, money orders and financing thru a third party treatment financing company. Our administrative staff will be happy to explain financing options available to you.

FOR OUR PATIENTS WITH DENTAL INSURANCE: Your dental benefits are determined by your employer and not by the dentist or our office. Dental insurance IS NOT a guarantee of benefits and will NOT pay for all costs involved with treatment. Your insurance policy is a contract between you and your insurance carrier. Any deductible or estimated co-payment will be due at the time treatment is rendered. As a courtesy to you, we will gladly file your insurance claim. Like our patients without insurance, if the office does not receive payment from your carrier within 45 days, any remaining balance is considered your responsibility and is due subject to billing charges.

By signing below, you hereby authorize this office to affix your name to any and all claims or documents as related to any dental benefits due thru insurance. You hereby authorize payment of dental benefits directly to this dental office. This "signature on file" will be valid from this date and shall continue unless you cancel the authorization thru written notice to this office. You understand that, if you do not pay your entire balance within 25 days of the monthly billing date, a service charge of $5.00 and a maximum of $25.00 will be added to your account for each monthly billing period. In the case of default of payment, you agree to pay any and all collection costs incurred to effect collection of this account. **THERE IS A $50 fee** for any returned check.

Appointments are reserved exclusively for you. We strive for no failed appointments in our office...Only rescheduled treatment. We understand there may be illness or emergencies that may arise; however, late cancel appointments or failed appointments not only affect delaying delivery of your healthcare, but affect others in need of care who may have needed an appointment. For this reason, we reserve the right to charge $75.00 for this lost appointment time if reserved is canceled or failed without 48 hours notice.

SIGN HERE and date for Part 3

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