



CANCELLATION POLICY

Here at *Prunedale Dental*, we strive to offer the best care to our patients. When appointments are scheduled, a specific amount of time is blocked off for each patient. Broken appointments result in the loss of valuable time that could be spent with patients in need of our care.

If you are unable to keep your scheduled appointments, we ask you contact our office with a 48-hour notice. **All cancellations rescheduled or missed appointments without a 48-business hour notification is subject to a \$50.00 cancellation/broken appointment fee.**

Initial: _____

PATIENT CONSENT

I certify that I have read and understand the Health History form I completed. I acknowledge that my questions have been answered to my satisfaction. If I have any changes in my health and medications I take, I will inform the doctor(s) or any member(s) of the staff,

CONSENT: I authorize Dr. Alfy to take radiographs, study models, photographs, and/or any other diagnostic aids deemed appropriate by the doctor(s) to perform any and all forms of treatment, medication or therapy that may be indicated and authorize the consent that the doctor(s) choose to employ such assistance as they deem fit. I also understand that responsibility for payment for dental services provided by this office for me and/or my dependents is solely mine, due and payable at the time services are rendered, unless financial arrangements have been made in advance.

Initial: _____

FINANCIAL POLICY

We require that you read, agree to and sign prior to any treatment.
See back page

Initial: _____

HIPAA PRIVACY PRACTICE

The Health Insurance Portability & Accountability Act of 1966 (HIPAA) is a federal program that reports all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally be kept confidential.

Initial: _____

I HAVE READ, UNDERSTAND AND AGREE TO THE OFFICE POLICIES TERMS AND CONDITIONS:

Cancellation Policy, Patient Consent, Financial Policy and the HIPAA Privacy Practices.

Signature

Date

FINANCIAL POLICY

The following is a statement of our Financial Policy, which we require that you read, agree to and sign prior to any treatment.

Please Note: Payment is due at the time services are provided. Our office accepts:

Cash, personal checks, MasterCard, Visa, Discover, American Express and CareCredit.

Please Note: There is an additional \$25.00 fee applied for returned checks.

Our practice is committed to provide the best treatment for our patients and we charge UCR, usual and customary fees, for our area.

- We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office. I authorize the release of any information concerning my (or any dependents) healthcare advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.
- We ask that you pay the deductible, co-payment and co-insurance, which is the estimated amount not covered by your insurance company. Our office can make no guarantee of the insurance payment estimated.
- Insurance payments are ordinarily received within 30-60 days from the time of filing of claim. If your insurance company has not made payment within 60 days, we ask that you contact your insurance company to help expedite the processing of the claim. If payment is not received or your claim is denied, you will be responsible for paying the full amount.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid.
- At Prunedale Dental, our main goal is to partner with you to achieve a higher standard of oral health and give each of our patient the optimum treatment plan. We base your dental treatment on what is best for your health and do not let insurance coverage dictate your dental care.
- We certainly understand that the insurance business is very complex and this complexity can lead to frustration. Our team wants to help you receive the maximum benefit that you are entitled to under your insurance plan by filing claims as a service to you. We would be happy to submit a pre-treatment estimate to your dental insurance provider for any treatment recommended. We are always available to answer any questions.

FACTS ABOUT YOUR DENTAL INSURANCE YOU SHOULD KNOW

- Many dental plans are based on a contract between an employer and the insurance company. They agree on the amount that the plan pays and what procedures are covered. If you have a dental care need that is not covered by your plan, you are responsible for that cost. Any information we have about a dental plan's benefits comes from the general information the insurance company has provided about that plan (through a web portal, speaking to an insurance representative, or by way of a limited, and faxed benefit summary).
- A dental plan may not cover treatment for conditions that existed before you enrolled in that specific plan (such as treatment in progress). Even if your plan does not pay for certain procedures, you may still need that treatment to keep your mouth healthy. Your dentist will base your treatment plan on what you need, which won't always align to what your insurance will pay for.
- Dental insurance rarely covers 100% of the services provided. Check your plan(s) for details regarding your dental benefits.
- When we recommend a treatment plan, our team will be happy to provide you with an estimate of what your insurance will likely pay for the procedures. Although we cannot guarantee the amount of insurance payment, we will always submit claims to your insurance company. We will estimate your portion based on the general information that your insurance company provides for that plan. Just like with your medical coverage, you are ultimately responsible for any uncovered portion of the fee for treatment.