HIPAA PATIENT CONSENT FORM

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A detailed description of the HIPAA policy is available for your review upon request.

May we leave a recorded message regarding your financial responsibilities on your home or cell phones? ◇ YES ◇ NO

This consent was signed by: _____
Patient, Parent or Guardian

Date signed: _____

OFFICE FINANCIAL POLICY

1. **Our office provides insurance claim submissions as a courtesy to our patients. You are directly responsible to the doctor for your account irrespective of your insurance schedule. You will be billed for any insurance claims that are outstanding in excess of 60 days.**

2. **If you have no insurance, or you carry an insurance that does not reimburse our office, charges for services are due and payable at the time services are rendered.**

3. **We accept cash, personal checks and Visa, Mastercard, Discover and American Express credit cards.**

4. **We offer a 10% courtesy to our patients age 65 and older.**

5. **We offer a 10% courtesy on any single day's treatment exceeding $300. We will submit the insurance claim for you and ask your insurance company to reimburse you directly.**

6. **You may extend payment for treatment into 2 monthly payments if necessary.**

7. **For patients who wish to extend payments beyond 2 months, we suggest Care Credit. They offer long-term payment plans, including interest-free options.**

I authorize and request my insurance company to pay insurance benefits directly to the dentist or dental group. I understand that my dental insurance carrier may pay less than the actual bill for services and that I will be responsible for payment of all services rendered on my behalf.

_____ _____

Signature of Patient, Parent or Guardian **Date**