

Princeton Family Dental

OFFICE POLICIES

By signing below you are indicating that you have been informed and have had the opportunity to ask any questions regarding any of our policies. We value your business!

FINANCIAL POLICY

In the interest of good dental care practice, it is our desire to establish a credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good dental health and we wish to spend our time and energy toward that end. To assist our patients, we offer the following methods for taking care of their account at our office:

- **Payments are due at time of service.**
- We accept Credit Cards (Visa, MasterCard, and Discover), Cash, Check and Care Credit.
- As a courtesy, we will gladly bill your Insurance when you provide us with the current and correct information along with any necessary forms. Often times we are able to contact your insurance prior to your appointment, and ESTIMATE your portion of the bill. **We ask that you pay your estimated portion of the bill (co-pay) along with any deductible due at the time of service. You are ultimately responsible for knowing what your insurance coverage is and for payment of your account.** If your insurance does not pay on a claim after our attempts to collect, it will be the patient's responsibility to pay the balance and/or collect for the insurance co.
- For patients who qualify, we offer various payment and interest plans through Care Credit. There are numerous payment options that will fit comfortably in almost any monthly budget. This company offers a revolving line of credit that can be used by the whole family for ongoing treatment without having to reapply. Ask us for information if you are interested in this option.
- On major restorative work such as crowns, bridges, dentures or partials, you would be asked to pay the cost of the treatment at the time of service. It is your responsibility to know if you have a waiting period on your insurance policy resulting in a declined claim.

CANCELLATION POLICY

Please know that when you schedule an appointment with the doctor or the hygienist, this is a time that is specifically reserved for you. Last minute cancellations and "no shows" result in other patients often going without treatment as these appointment times are not available to offer them. Due to such late cancellations and missed appointments, we have instituted the following policy: "All appointments must be cancelled at least 48 hours in advance. You will be charged \$100 for appointments not cancelled with at least 48 hours' notice". Insurance companies do not cover this expense. This will be the sole responsibility of the patient. Thank you and we hope we don't have to enforce this policy.

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ESTIMATES AND FEES

After x-rays and an examination, we will gladly provide you with pre-treatment estimates of future work to be done. If you have insurance, the estimated fees on the pre-treatment are good as long as the insurance company is using that price schedule. For our Non Insured patients, the fees on the pre-treatment are guaranteed up to 30 days from the diagnosing appointment.

DELIQUENT ACCOUNTS

After reasonable time and effort between Princeton Family Dental and the responsible party to collect money owed, we may deem it necessary to turn said account to an outside source for payment. If this account is assigned to any agency, attorney/law suit, the prevailing party shall be entitled to reasonable attorney's fees and cost collection.

NOTICE OF PRIVACY PRACTICES (HIPAA)

There is an attached copy of the Notice of Privacy Practices (HIPAA) on the clipboard. This notice provides in detail the uses and disclosures of your protected health information, your individual rights, how to exercise said rights, and this practice's legal duties with respect to your information. Princeton Family Dental reserves the right to change the terms and the Notice of Privacy Practices. **By signing below, you are noting that you understand said HIPAA policies.** Upon your request, we will be happy to provide you with your own person copy of our Privacy Practices.

CONSENT OF ASSIGNMENT

To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of patient's records.

I hereby assign all medical/dental/surgical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance and other health plans to:

Princeton Family Dental
710 W. Princeton Dr.
Princeton, TX 75407

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges (whether or not paid by said insurance). I hereby authorize said assignee to release all information necessary to secure payment.

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**Please let us know if you have any questions or concerns about our policies.
Your signature is acknowledging you have read and understand said policies
on both of these pages.**

Signature of Patient or Responsible Party

Date