



## FINANCIAL POLICY AND AGREEMENT

Thank you for support by allowing us to provide your dental care. Below is our billing procedure and our financial policy. If you have any questions, please do not hesitate to contact our office.

1. **All payment is due at the time services are rendered**, unless financial arrangements have been made with the financial coordinator. Appropriate methods of payment include: cash, check, credit cards (most credit cards are accepted) and care credit.
  - a. **Emergency appointments must pay in full for dental services via cash or credit card.**
  - b. **Returned checks are subject to a \$36.00 NSF fee. If a check is returned, a personal check will no longer be allowed as an acceptable form of payment from the patient.**
  
2. **Insurance** should be viewed as an aid in helping make dental treatment affordable. *Dental insurance does not generally pay 100% of services.* **Patients are subject to deductibles and/or co-payment as set for by their insurance company on day of service.** Insurance plan benefits and payment percentages are decreasing and the amount due from the patient is increasing. Secondary insurance plans are no longer guaranteed due to a clause called "non-duplication of benefits."
  - a. **Please bring your insurance/ insurances card** and any insurance information you have. This will allow us to assist with estimates for services rendered.
  - b. **Co-payments and deductibles are due on the date of service.** We will estimate (or predetermine on larger cases) the co-payment amount and make payment arrangements prior to treatment. Pretreatment estimates by the insurance company are not a guarantee of payment and the patient is responsible for any unpaid balances.
  - c. **NOTE: YOU ARE RESPONSIBLE FOR COORDINATION OF BENEFITS ON ALL YOUR INSURANCES.**
  - d. **We will file primary and secondary insurance claims only as a courtesy. We will follow up on delayed claims up to 60 days after the date of service. After 60 days, the remaining balance is the responsibility of the patient.**
  
3. **Appointments** are scheduled for patients to allow for the best dental experience possible. While we understand that at times you may have to cancel or reschedule an appointment, please give us **at least a 24-48 hour notice** to allow other patients take your reservation time. For larger cases, we request a **48-72 hour notice** for appointment cancellations. Any patient that breaks an appointment within **24 hours is subject to a \$35 cancellation fee per hour reserved for the patient.**
  
4. **Express prior consent to contact consumer by cell phone:** You agree, in order for us to service your account or to collect monies you may owe, Premier Family Dentistry and/or our agents may contact you by telephone at telephone numbers associated with your account, including wireless telephone, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us to use. Methods of contact may include using pre-recorded/artificial voice message and/or use of automatic dialing devices, as applicable.

**I hereby agree that all dental bills are due and payable upon receipt. Should my account become delinquent and require the services of a collection agency, I agree to pay any fees associated with collecting the debt, including collection agency fees (33.33%) and court costs. I also waive the rights of exemption under the constitution of the laws of Alabama or any other state as to personal property. All accounts must be paid in full within 90 days to avoid collection procedures.**



## NOTICE OF PRIVACY PRACTICES (DENTAL)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

- The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.
- As required by “HIPAA,” we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.
- We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.
  - **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services.
  - **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
  - **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.
- We may also create and distribute de-identified health information by removing all references to individually identifiable information.
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.
- You have the following rights with respect to your protected health information, which you can exercise by submitting a written request.
  - The right to request restriction on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
  - The right to reasonable requests to receive confidential communication of protected health information from us by alternative means or alternative locations.
  - The right to inspect and copy your protected health information.
  - The right to amend your protected health information.
  - The right to receive an accounting of disclosures of protected health information.
  - The right to obtain a paper copy of this notice from us upon request.



## **NOTICE OF NONDISCRIMINATION**

### **Premier Family Dentistry of Alabaster, P.C.**

Complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### **Premier Family Dentistry of Alabaster, P.C.**

Does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Premier Family Dentistry of Alabaster, P.C.:**

- Provides free aids and services in a timely manner to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - qualified interpreters
  - information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Premier Family Dentistry of Alabaster, P.C., Compliance Coordinator, 9200 Highway 119, Suite 200, Alabaster, AL 35007, Attn: Compliance Coordinator, (205) 621-5304, (205) 621-5306 (fax), [premierfamily@yahoo.com](mailto:premierfamily@yahoo.com) (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal.jsf>, or by mail or phone at: U.S. Department of Health and Human Service, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.