

HIPAA Compliance Form

Patient Name _____

Date _____

Mobile Phone _____

Email Address _____

Can we contact you via text message? **Yes** **No**

Our office will soon begin to send emails and text messages to patients to confirm appointments. This is a great tool for our patients to utilize when a phone call is not convenient. We do however understand that some patients prefer to simply be called.

Do we have permission to send recall/treatment appointment postcard reminders to your home?

Yes **No**
Do we have permission to leave the following information on your home answering machine or voice mail?

Appointment information	yes	no
Billing information Dental/	yes	no
medical information	yes	no

Do we have your permission to send the following information to your e-mail address provided to us on your registration form?

Appointment information	yes	no
Billing information	yes	no
Dental medical information	yes	no

Do we have permission to leave the following information on your cell phone, voicemail, or via text message?

Appointment information	yes	no
Billing information	yes	no
Dental medical information	yes	no

I hereby give permission to Better Smile of WNY to leave the above information as indicated. I will not hold Better Smile of WNY libel should anyone else hear, play or read any message on my phone, cellular phone, or email as authorized above.

Signature of patient/parent/guardian _____

Patient Health Information Release

This portion is used to obtain authorization to release information regarding yourself covered under the Privacy Act to people other than yourself.

I, _____ authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

Name/relationship

Name/relationship

Name/relationship

Signature

Printed Name

Date

Financial Dental Insurance and Office Policies

Thank you for choosing our office as your dental provider. We are committed to providing you with the highest quality dental care so that you may attain optimum oral health and keep your smile healthy and beautiful for a lifetime. It is our policy to make definite financial arrangements with patients prior to starting any major treatment. We try to help in every way possible to make the most exceptional dentistry affordable.

Our office accepts cash, personal checks, Mastercard, Visa and Discover. We also offer 12 month, interest-free financing with Care Credit™.

PATIENTS WITHOUT INSURANCE

Full payment is due at the time of service unless prior arrangements have been made. For procedures that involve multiple visits, the total fee is due at the first appointment (prep).

PATIENTS WITH INSURANCE

If you have dental insurance, we will work with you to maximize your yearly benefits. You are responsible for providing correct insurance information to assist us in submitting your claim to your insurance in a timely manner.

The patient's portion of all fees is due at the first appointment (prep). After insurance pays, any balance is due within the limits set on each individual statement. Delinquent accounts will have a billing and interest charge imposed.

We are happy to submit your insurance claim but will not become involved in disputes between you and your insurance carrier regarding deductibles, copayments, covered charges, secondary insurance, etc. We will provide an estimate of insurance benefits but remember that estimates and pre-determinations are not a guarantee of insurance payment.

All charges incurred are your responsibility regardless of what is or isn't paid by your insurance carrier. As your dental provider, our relationship is with you not your insurance carrier. Our treatment recommendations are based on what we feel is best for you and not necessarily what your insurance will or will not cover.

Account Balance/Payments/Collections

Our billing systems runs on a 30-day billing cycle and payment is expected within the allowable time-frame. Upon the generation of a second statement, a \$5 billing fee will be assessed. Accounts that remain unpaid for 60 days or more will incur a service charge of 1.5% per month. The practice cannot carry any balance over 90 days. If payment problems do occur, we encourage you to contact our office promptly for assistance in management of your account.

Should any account be forwarded to collections, the account holder agrees they will be responsible for additional legal/collection fees. Better Smile of WNY reserves the right to terminate or dismiss a patient if his/her account is delinquent.

Returned checks will be assessed a \$50 fee that must be paid immediately upon notice.

Minors/Parents/Guardians

Only a parent or legal guardian can request dental services for a minor. A parent or legal guardian must bring in the child initially and must complete and sign the patient registration packet. If a person bringing a minor is the legal guardian, you may be required to provide legal proof of guardianship. The person signing registration papers for a child (under 18 years old), will be considered the responsible party and account holder.

Late Cancellation/ Broken Appointments

Our office requires a minimum of 24-hour's notice for any cancellation or rescheduling of an appointment. We reserve a treatment room, staff and equipment for you. Canceling or missing an appointment without notice makes it difficult to offer your scheduled time to another patient. Failure to show within 10 minutes of the scheduled time or provide 24-hour's notice of cancellation will result in a \$50 broken appointment fee. Three (3) cancellations or broken appointments within 12 months may result in dismissal from Better Smile of WNY.

AGREEMENT

I have read and understand the expectations set forth regarding policies, insurance, minors, and broken appointments as set by Better Smile of WNY. I agree to pay all charges for myself and members of my account, as well as any additional legal fees necessary in attempt of Better Smile of WNY to collect my balance through collections.

Signature

Date

Print name

