



Office Policy Acknowledgement

Financial Policy: We accept various payment methods, including cash, personal checks, and debit/credit cards, to settle charges at the time of service. Additionally, we accommodate dental insurance, and we offer direct billing to your insurance company as a convenience to you. It's important to note that your insurance represents a contract between you and your insurance provider. Consequently, any outstanding balances are ultimately your responsibility. To ensure accurate billing, please provide us with the necessary information. If there are any changes in your coverage, additional information required, or if your insurance denies payment, kindly contact your insurance company and promptly update us with the correct information.

CLAIMS NOT PROCESSED WITHIN 120 DAYS WILL BE BILLED TO YOU

Appointment Policy: Your appointment is a dedicated time slot reserved exclusively for you. We kindly request your full cooperation in honoring this commitment by providing at least **two working days' notice** if you need to reschedule. Failure to provide this notice may result in a \$50.00 fee. Your understanding and consideration of our time and the needs of other patients are greatly appreciated.

HIPAA Notice of Privacy Practices Acknowledgment: By signing below, you acknowledge that you have read our Notice of Privacy Practices, which provides a comprehensive description of how your health information is used and disclosed. Please note that this organization reserves the right to update its Notice of Privacy Practices periodically. You may request a current copy of this notice at any time.

I affirm that I have read and do understand the policies of this office.

Frist name (Print)_____ Last name (Print)_____

Signature_____ **Date**_____

(Signature of patient or legal guardian if the patient is a minor)