



### **FINANCIAL POLICY**

Thank you for choosing Solstice Dentistry to serve your dental care. We provide high-quality dental care to our patients and are committed to your treatment being successful. Please understand that your financial obligation is considered a part of your treatment. In the interest of good dental care practice, it is desirable to establish a credit policy to avoid misunderstandings. To assist our patient's, we offer the following methods for taking care of their account in our office.

- On your first visit we expect you to supply our office with your insurance information. If any changes should occur during the time you are a patient, it is your responsibility to inform our office with any changes. Our office will not be responsible for claims submitted to insurance companies by which you are no longer covered.
- While we accept most insurance plans, and are happy to aid in submission of your claim, it is your responsibility to read your policy and be aware of services covered or not covered by your individual plan.
- As a courtesy, we will gladly bill your insurance when you provide us with the current information and any necessary forms. Often times we are able to contact your insurance provider prior to your appointment, and estimate your portion of the bill. We ask that you either pay your portion of the bill at the time of service, or that a suitable written financial agreement be reached at the time of service. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account until it is paid in full. We cannot accept responsibility for collecting an insurance claim after 60 days or for a negotiating a dispute claim. Insurance policies are a contract between you, your employer and the insurance carrier. Please be aware that some, and perhaps all of the services rendered may not be covered under your individual insurance policy. You are ultimately responsible for payment of your account.
- If no payment received on an account after three monthly statements our office will make every effort to contact the responsible party. If the party responsible cannot be reached, a third bill will be sent indicating that "This will be the final notice for payment". If the party fails to contact our office after receiving such notice, the account will be sent to a collection agency.
- Financial options are available to all patients. Please feel free to ask one of our office personnel.

### **FAILED OR CANCELLED APPOINTMENTS**

If an appointment has been reserved for you, we kindly ask that patients give us a twenty-four hour notice for cancellations; otherwise, we reserve the right to charge a minimum of \$50.00. Insurance and Medicaid will not cover this fee. We reserve the right to dismiss patients for chronic missed or short notice rescheduled appointments.

### **ESTIMATE AND FEES**

After x-rays and examinations, you are entitled to and should ask for an estimate of fees cover your treatment. All estimates are based upon conditions viewed at the time of diagnosis; unforeseen circumstances, such as pulpal therapy or cracked teeth could alter an estimate fee. It is courtesy to pay for dental services when they are rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **NOTICE OF PRIVACY PRACTICES (HIPAA)**

A laminated copy of our office Notice of Privacy Practices (HIPAA) is available in our office. You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities and healthcare operations. Of the uses and disclosure we may make of your protected health information and of other important matters about your protected health information. We encourage you to read it carefully and completely before signing this consent. Upon you request we will be happy to provide you with our own personal copy of our Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_