

Bell Road Dentistry - Financial Policy

Welcome to our office! At Bell Road Dental Care we strive to deliver the finest quality dental care possible. In addition, we are also dedicated to making this top quality care as cost-effective as possible. We will always inform you of what the fee for your treatment will be prior to initiation.

Payment Options: Payment for all services is due at the time services are rendered unless an alternate payment agreement has been reached and signed by both parties. To assist you with your healthcare, we offer a variety of payment options including: cash, check, Visa, MasterCard, Discover & American Express. Extended and interest free payment plans (credit approval required) are also available for your convenience.

Dental Insurance: We will be glad to file your claims for your dental insurance. If your insurance carrier has not paid within 60 days following a claim the entire balance will be billed to you subject to 1.5% monthly finance charges.

Financial Terms:

- A \$45 fee will be assessed for appointments that are failed or cancelled **without** 24-hours notice.
- A reservation fee to reserve time with the doctor for any treatment may be required.
- A fee of \$29 will be assessed for missed or late payments.
- There will be a \$25.00 charge for a non-sufficient funds check
- Any unpaid balances over 60 days are subject to a 1.5% monthly finance charge.

Signature of Patient/Legal Guardian

Print Name

Date

Health Insurance Portability and Accountability Act (HIPPA)

I hereby give my consent for Bell Road Dental Care to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO) as outlined in the Notice of Privacy Practices. (The Notice of Privacy Practices of Bell Road Dental Care describes such uses and disclosures more completely and is available for patient review upon request).

Bell Road Dental Care reserves the right to revise its Notice of Privacy Practices at any time. A revised notice of Privacy Practices may be obtained in writing upon forwarding a written request to Bell Road Dental Care at 702 East Bell Road, Phoenix Arizona.

With this consent, Bell Road Dental Care may call my home or alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, patient statements or letters.

With this consent Bell Road Dental Care may email my home or alternative location any items that assist in carrying out TPO such as appointment reminders and statements. I have the right to request Bell Road Dental Care restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Bell Road Dental Care to use and disclose my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Bell Road Dental Care may decline treatment to me.

Signature of Patient/Legal Guardian

Print Name

Date