



PALMER DENTAL FINANCIAL POLICY

Thank you for choosing *Palmer Dental* as your dental care provider. Dr. Rodney J. Palmer and his dental team are committed to providing the best possible dental care and treatment for our patients. Please understand that payment of your bill is part of your treatment. The following is a statement of our office policies, which we require you to read, initial and sign prior to treatment.

Insurance patients:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, however, we will be happy to file your insurance claims at no charge. Please provide us with correct and complete insurance information. Our willingness to file claims on your behalf, in no way relieves you of responsibility for payment of your bill. All co-pays, deductibles and amounts not covered by insurance are due at the time of service. In the event your insurance company has not paid your account in full within 60 days, the balance automatically becomes your responsibility and is due at that time. **Please be advised that the patient is ultimately responsible for all charges for dental services.** Initials: _____

Appointment Policy:

When we make your appointment, we are reserving a room for your particular needs. We ask that if you must change your appointment, please give us at least 24 hours notice. This courtesy makes it possible to give your reserved room to another patient who would like it. There is a charge for not showing up for scheduled appointments. Repeated cancellations or missed appointments will result in loss of future appointment privileges. We feel that our patients' time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you. In addition, if you arrive for a scheduled appointment more than 20 minutes AFTER your scheduled time, the appointment time may be given to another patient, and your appointment will need to be rescheduled. **There WILL be a \$47 charge for all missed appointments without a 24 hour cancellation notice!!** Initials: _____

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I HAVE READ THE FINANCIAL POLICY. I UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

Signature

Date

HIPAA NOTICE OF PRIVACY PRACTICES

You have certain rights to privacy regarding your protected health information. The Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy is a federal program that requires that all dental records and other individually identifiable health/dental information used or disclosed by us in any form, whether electronically, on paper or orally, be kept properly confidential. I ACKNOWLEDGE RECEIPT OF THE HIPAA NOTICE OF PRIVACY PRACTICES. I HAVE READ THE NOTICE AND GIVE CONSENT TO THE OFFICE OF DR. RODNEY J. PALMER, D.D.S. TO MAINTAIN MY PRIVACY AS REQUIRED BY HIPAA.

Patient Name (Please Print)

Relationship to Patient

Signature

Date

We are delighted to have you as our patient. May we extend our sincere thanks for the opportunity to meet your dental health needs. Welcome to Palmer Dental!