



Notice of Privacy Practices & Consent for Services

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization and review.

Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

We may also create and distribute de-identifiable health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest of you.

Financial Agreements

Thank you for choosing Ashland Dental & Wellness Center as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered as part of your treatment. **Any and all financial arrangements must be made in advanced, before any treatment is started.** Initial _____

Regarding Insurance

If you have dental insurance, we are happy to help you receive the maximum allowable benefit. In either case, it is important to understand that, as a health care provider, our relationship is with you and not with your insurance company. As a result, it is the patient who is ultimately responsible for any and all charges not covered (for whatever reason) by insurance. Initial _____

Usual & Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Our office cannot render services on the assumption that our charges will be paid by an insurance company. Initial _____

Minor Patients

The adult accompanying a minor and the parents/guardians of the minor child are responsible for payment of any charges not covered by insurance. They must also be in the office throughout the entire appointment in case of medical emergencies.

Initial _____

Missed Appointments

Unless cancelled at least 24 hours in advanced, we reserve the right to charge for missed appointment at a rate of a normal office visit \$100. Please help us serve you better by keeping scheduled appointments or by rescheduling in a timely manner. Patients with three missed appointments will be asked to transfer their records to another doctor.

Initial _____

Authorization & Release

I have read and understand the financial policy of Ashland Dental & Wellness Center set out above. Specifically, I understand that I am responsible for any and all charges not paid by insurance within 90 days. Should it become necessary for Ashland Dental & Wellness Center to turn my account over to a collection agency or an attorney, I understand that I will also be responsible for any costs of collection, including reasonable attorney fees.

I understand that this Authorization and Release shall apply to all services provided to me, my dependents, or any other person for which I have assumed responsibility for by signing below, from this date forward until it is revoked in writing. Payment is due at the time of treatment. We accept cash, check, Visa, MasterCard, Discover and American Express. We also offer a flexible payment plan through CareCredit, which allows you to start your treatment today and spread payment over time.

Additional Information

Service charge: there will be a \$25 fee assessed on all returned checks. Divorce: after a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent’s responsibility to collect from the other parent, not Ashland Dental & Wellness Center. Treatment involving laboratory fees: (crowns, bridges, dentures, etc...) 50% of the fee is due on the preparation date (initial appointment) and the other 50% must be paid on or before the delivery date (final appointment).

Signature of patient/responsible party

Date

Patient Referral Program

For every patient you refer to our office we will send you a \$25 Gift Certificate to use back at our office. It can be used towards products, services, or be transferred to a different account. New patients are always welcome.

Photo Consent

I hereby grant permission to Ashland Dental & Wellness Center to use my dental case photographs for reproduction on the www.smilesbynoetzel.com, web site or in any other official publications and displays without further consideration or compensation, and I acknowledge the offices’ right to crop or treat the photographs at its discretion. *Name will not be displayed on or by the photographs.

Signature of patient/responsible party

Date