

Stephen A. Solomon, D.M.D. and Associates

In an effort to better serve you, we would like to take the time to explain the billing process at our office.

Payment is expected the day services are rendered. For patients with dental insurance, if you provide the office with your dental insurance information, we will contact your insurance company and verify your benefits. We will do our very best to answer any questions you may have about your insurance coverage but always suggest that you contact them directly whenever possible.

As a courtesy to you, we will gladly submit the insurance claim to your insurance company on the day of service. We will collect your estimated copayment and deductible at each visit. We make every effort to determine your insurance benefits when you receive treatment, but consider your copayment an **estimate** until we receive payment from your insurance company. Please remember that any information we provide relative to your insurance coverage is our best estimate and **not a guarantee** of the payment that will be received.

In order to provide quality dental care in a timely manner, we have a cancellation and no show policy. The policy enables us to better utilize available appointments for our patients in need of dental care.

CANCELLATION OF AN APPOINTMENT: In order to be respectful of other patients' needs, please be courteous and call our office promptly if you are unable to keep your appointment. This time will be given to someone who is in urgent need of treatment. We ask that you make an attempt to call 48 hours in advance. Please call during regular office hours.

NO SHOW POLICY: A "No Show" is an appointment that was not cancelled in advance. No shows inconvenience other patients who need dental care. A no show for a scheduled appointment is subject to a fee of \$25.

LATE ARRIVALS: If you are running late for your appointment, please call the office. If you are more than 15 minutes late to your scheduled appointment, you may be asked to reschedule.

I have read and understand the appointment policy. I have also read and understand the billing process. I agree to be responsible for full payment of all charges for dental services performed on me. I assign all benefits to Dr Solomon's office and if for any reason the insurance company does not pay its estimated portion, I agree that I will be responsible for the account balance. In the event that my account is placed with a third party collection agency or attorney, I will be assessed any fees relating to this action.

Patients name (print)

Date signed

Patient's Signature

GENERAL CONSENT FOR TREATMENT

I, the undersigned, hereby authorize my doctor(s) to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate to make a thorough diagnosis of my determined needs. I understand that x-rays are required on a yearly basis for accurate diagnosis. I also authorize the doctors to perform necessary treatment that is indicated. I understand that the use of anesthetic agents embodies a certain risk and I acknowledge that I have provided a thorough and honest report of my medical and dental histories.

I understand that any treatment plans presented, along with fees outlined, could change depending on the time elapsed since initial examination and extent of dental pathology. Occasionally once the treatment plan has been started, complications may arise that dictate additional procedures or treatments. The doctors or their staff members will always advise me of any changes. I understand that there is no guarantee to the outcome of any services performed.

Please Print Name _____

Signature _____

Date _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You may refuse to sign this acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please print name _____

Signature _____

Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)