OFFICE POLICY

Welcome to Irving Dental Care. We are proud to offer all the benefits of modern dentistry and the personal attention of your own individual dentist. Our office allows us to keep our fees affordable.

Coverage Accepted

We accept all dental insurance plans and we participate directly with many insurance companies. If you have coverage under one of these plans, we will submit your claims automatically and accept assignment of payment. You will be responsible for all co-payments and/or deductibles at the time of your visit. It is your responsibility to know your own dental insurance plan benefits and limitations. You will also be responsible for the balance of any procedure recommended and performed by your dentist that your insurance company does not recognize as a covered procedure. There will be a finance charge of 1.5% monthly on any balances over 90 days old.

If you have the benefit of coverage under two dental plans, please notify our office. It may eliminate any out-of-pocket cost to you and maximize your insurance benefits.

Payment Options

For your convenience, we accept cash, checks, MasterCard, VISA and DiscoverCard. There will be a $40 fee for all checks that are returned for insufficient funds. Failure to complete treatment does not absolve you from any financial responsibilities. In the event that it becomes necessary for Irving Dental Care to pursue civil remedies to collect financial obligations for services rendered, you will be responsible for reasonable collection and/or attorney fees.

Notifications About Changes

Please notify our office of any change in your health, medications, marital status, address, phone number or dental insurance when applicable. If you are unable to keep a scheduled appointment, our office requires a 48-hour cancellation notice. If you cancel or miss 1 or more appointments without 48-hour notice, there may be a $30.00 to $50.00 cancellation fee applied before you can be rescheduled.

Children's Appointments

Children under the age of 18 should be accompanied by an adult or guardian at the time of their visit. If you are unable to attend with your child, please provide a number where you can be contacted regarding necessary treatment.

Please sign the disclosure below authorizing benefits directly to Irving Dental Care. Your signature will also authorize Irving Dental Care to sign "signature on file" when applicable for the aforementioned benefits.

SIGNATURE:_________________________________ DATE:__________________

SOCIAL SECURITY NUMBER:____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

I acknowledge that I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information, I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices.*

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

PATIENT NAME:____

RELATIONSHIP TO PATIENT:__________________________________

SIGNATURE:____

DATE:____

Office Use Only

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date	Initials	Reason