

**Bethesda Dental Center
830 Bethesda Dr.
Zanesville, Ohio 43701
740 454 9961**

Appointment and Financial Policy

Thank you for choosing our office for your dental care. We appreciate you allowing us to provide you with the best quality of care. We attempt to provide you with an overall hassle free and positive experience from start finish. The following represents our patient and financial policies so that you are aware of what we need to better serve you.

We participate in many insurance plans and bill your insurance as a courtesy. We ask that if you are insured that you have your ins. Card and photo id with you at the time of your appointment. If you are not insured payment will be due when services rendered.

Co-payments, Deductibles and Co-Insurance must be paid at the time of Service. If you are unable to pay your out of pocket portion for services, we will have you reschedule your appointment. If you need to make financial arrangements, we have several payment options and financing available to help make your dental treatment affordable. See our front office team for more information.

Please understand that some services will not be covered by your plan. They may consider some services as unnecessary or unreasonable. Insurance companies at times can be difficult but we do our best to alert you prior to your appointment of any possible uncovered expenses that may be your responsibility.

Appointments in our office are reserved times we set aside for you. We do not double book appointments, so no shows and last-minute cancelations are not only a frustration to our doctor but to our staff who coordinate and prepare treatment rooms for your care. Should you need to reschedule we do require a 24-hr notice. We value your time and ask that you value your appointment time as well. Broken Appointments will lead to dismissal from our practice.

My signature below acknowledges that I have read and understand the Appointment and Financial Policy.

Signature _____ Date _____

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

May we phone, email, or send a text to you to confirm appointments?

YES NO

May we leave a message on your answering machine at home or on your cell phone?

YES NO

May we discuss your medical condition with any member of your family?

YES NO

If YES, please name the members allowed:

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature: _____

Date: _____

Witness: _____

Date: _____