

FINANCIAL INFORMATION FOR OUR PATIENTS

We ask that payment for professional services be made in full at the time of service. If we are in network with your insurance carrier, deductibles and co-payments are payable at the time of treatment. If we are out of network, payment in full is due, and if you have a PPO plan, we will file your insurance claim for payment to be made directly to you. Payment can be made in the following ways:

1. Cash or Check: a 5% discount is given as a courtesy for full payment At the time of service. This applies only to full-fee charges and does not apply to PPO fees or other discounted plans.
2. Credit Card: We accept Master card, VISA, American Express, and Discover. No discount is given for credit card payments.
3. Financing: 6-18 month interest free financing is available through Care Credit @ www.carecredit.com. Please ask us for details.

INSURANCE BENEFITS: We will estimate your deductible and co-payment. If there is a difference between our estimate and the actual payment, or if payment is denied, the insured is responsible for payment of the difference. Any overpayment will be refunded. We can pre-determine benefits, coinsurance, and covered expenses, if you wish.

ANY PROCEDURE THAT IS DETERMINED TO BE A “NON-COVERED” EXPENSE BY YOUR INSURANCE CARRIER WILL BE BILLED AT OUR FULL USUAL AND CUSTOMARY FEE. PLEASE READ THE NOTICE POSTED ABOUT THIS POLICY.

ASSIGNMENT OF BENEFITS: I assign benefits payable by my insurance for services rendered to Dr. Susan D. King & Associates, P.A.

_____ Yes _____ No

I _____ AGREE THAT I AM RESPONSIBLE FOR ALL CHARGES FOR DENTAL
(PRINT NAME)
TREATMENT. I AUTHORIZE DR. SUSAN D. KING & ASSOCIATES, P.A. TO CONTACT ME REGARDING MY ACCOUNT.

Signature of Patient, Parent or Guardian

Date

Witness

NOTICE OF PRIVACY PRACTICES: HIPAA

We use and disclose health information for treatment, payment, and healthcare operations. We MAY disclose healthcare information to another healthcare provider treating you. You may give us written authorization to disclose health information to anyone for any purpose. This authorization may be revoked in writing. We need written permission to disclose any information to any caregiver or family member. In the event of an emergency, we will disclose information based on our best judgment. We may use your health information to obtain payment for services. We will not use health information for marketing purposes. If we suspect a possible victim of abuse or domestic violence, we may disclose your health information as the law requires. We may disclose your health information to provide to you with appointment reminder/confirmations or treatment recommendations by voicemails, postcards, e-mails, letters.

We may e-mail you or leave a message with a person or on an answering machine to confirm appointments. These will be of non-sensitive nature and may include the doctor’s or practice’s name. You may inform us in writing if you prefer not to have e-mails or messages of this nature.

ACCESS: You have the right to look at or obtain copies of you health information. If you request copies, we may charge for each page and each radiograph and for postage, if required.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of information.

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means.

AMENDMENT: You have the right to request that we amend your health information. We may deny this request under certain circumstances.

QUESTIONS & COMPLAINTS

If you are concerned that we may have violated your privacy rights or disagree with a decision we made about access to your health information or in a response to a written request to amend or restrict the disclosure of health information, you may submit a written complaint to the U.S. Department of Health and Human Services. If you have any further questions about our privacy policies, please ask a staff member.

Signature of Patient, Parent or Guardian

Date