

Financial Policy Acknowledgement

The undersigned authorizes Woodstock Dental to submit claims (on the patient's behalf) to insurance, Medicare, or other third-party payer(s) and to disclose health information to the extent necessary to obtain payment. The undersigned also assigns benefits paid by insurance, Medicare, or other third-party payer(s) to be paid directly to Woodstock Dental. Payment for your ESTIMATED portion for services is due at the time services are rendered. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company or you and the insurance company. Our office is not a party to that contract. You are responsible for all charges regardless of insurance.

I have reviewed Woodstock Dental's Financial Policy. ***I understand that I am responsible for all charges regardless of insurance.***

SIGNATURE

NAME

DATE

Acknowledgement of Receipt of Notice of Privacy Practices

****You May Refuse to Sign This Acknowledgment****

I acknowledge that I have received a copy of this office's **HIPAA Notice of Privacy Practices**.

SIGNATURE

NAME

DATE

HIPAA Consent

I consent to the release of my protected health information to:

Name: _____ Relationship: _____

Phone: _____ Email: _____

I DO NOT consent to the release of my protected health information.

I consent to receive secure Email from Woodstock Dental regarding my appointments, account, or any other information.

I consent to receive text messages from Woodstock Dental.

Woodstock Dental Office Policy

Consent to Treatment

The signee consents to radiographs (x-rays), laboratory procedures, anesthesia, diagnostic tests, dental treatment, or other procedures rendered to the patient under dentist supervision. Although the signee may elect not to undergo certain specific procedures, without adequate diagnosis or treatment plan Woodstock Dental may decline to treat the patient.

Privacy Practices

The signee has received Woodstock Dental's Notice of Privacy Practices and consents to the use and disclosure of their health information to carry out treatment, payment activities, and health care operations. The signee has the right to revoke consent at any time by written notice. However, we may decline to treat the patient if this consent is revoked.

Minors and Dependent Adults

- All patients under the age of 18 or dependent adults must register the name, address, and social security number of the adult responsible for payment.
- Either parent or legal guardian may be held responsible for payment of treatment rendered to their minor child or dependent adult.
- In the event of a divorce or separation, both parents may be held responsible for payment of treatment rendered to their minor child.

Payment

- Full payment is due on the day service is provided.
- We accept: Cash, Check, Visa, MasterCard, Care Credit,
- Returned checks due to insufficient funds will incur a \$35 fee

Insurance

- All insurance information must be received at the initial appointment and updated when information changes.
- Patients must provide a copy of his or her dental insurance card and ID.
- Prior approval can be submitted after presentation of a treatment plan. This is not a guarantee of payment. Patients must request pretreatment authorization.
- Patients who have dental insurance will pay their estimated portion at time of service. Once insurance payment is received, the patient will be billed/refunded any difference to their account.

Cancellations and Broken Appointments

- If you are unable to keep your scheduled appointment, we respectfully request a 24-hour cancellation notice.
- If notice is not given prior to 24 hours a \$35 charge will be applied to your account.