

OFFICE POLICY as of October 23, 2014

This document serves to state certain office policies. This is not to be construed as the sole list or itemization of policies but those most commonly encountered. We do hope you understand. Feel free to ask questions or inquire over certain more uncommon or unusual circumstances.

1. Payment is due at time of service, unless alternative arrangements have been made in advance.
2. BROKEN APPOINTMENTS - A minimum fee of \$85.00 will be assessed. A *broken appointment* is defined as either a “no-show” or one where there is less than 24 hours notice of your scheduled appointment time.
3. DENTAL INSURANCE will be processed for remittance made directly to you. A “superbill” will be given to you for submission to your insurance carrier.
4. RADIOGRAPHS will remain the property of the practice. Duplicate x-rays will be furnished upon request for a fee of \$25 per copy. If a CD is required, that fee is \$45.
5. I ATTEST that I am here of my own free will and personal choice, and not on behalf of any regulatory agency or investigative body.
6. I AUTHORIZE the use of any records (photos, models, etc.) for educational purposes.
7. DISPUTE: In the event of a dispute, the parties agree to abide by binding arbitration.
8. PHONE CONSULTATIONS, E-MAIL COMMUNICATIONS and WRITTEN REPORTS: Normally there is a charge for these services with the doctor, just as with an office visit. Time is spent in the decision making process, as well as in the writing and recordings in your record and may carry a charge (min. \$85). Time and length dependent.
9. NON-REFUNDABLE deposit may be requested prior to scheduling appointments.
10. INSURANCE: A per incident fee of \$55.00 will be assessed for insurance claim handling after your initial courtesy submission.
11. MEDICARE: Is not billed by this office. This office has “Opted-Out of Medicare”. You must acknowledge this in writing (Separate form. Medicare requirement not ours.)
12. HIPAA: I hereby acknowledge receipt of the office HIPAA Notice of Privacy Practices. It is available on our website. [www.milldental.com](http://www.milldental.com)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

without prejudice