



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.

OFFICE POLICIES as of September 10, 2015

1. PAYMENT: Is due at time of service, unless alternative arrangements have been made in advance.
2. BROKEN APPOINTMENTS: You may cancel without charge 24 hours in advance of your scheduled appointment. If you do not call to cancel a full 24 hours in advance, MDA reserves the right to charge a minimum of \$85 for broken appointments.
3. INSURANCE will be processed for remittance made directly to you. A claim form "superbill" will be given to you to submit to your dental and/or medical insurance. A per incident fee of \$55 MAY be assessed for extensive insurance handling after your initial courtesy submission.
4. RADIOGRAPHS: Originals will remain the property of the practice; however 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. CORRESPONDENCE: Any communication outside of your scheduled appointment such as phone consultations, emails, and written reports MAY carry a charge (min. \$35.00), time or length dependent.
8. SCHEDULING: A NON-REFUNDABLE deposit may be requested prior to scheduling certain appointments.
9. MEDICARE: Is not billed by this office. This office has "Opted-out of Medicare." A form will have to be signed in office acknowledging this. (Medicare requirement, not ours).
10. DISPUTE: In the event of a dispute, the parties agree to abide by binding arbitration.
11. HIPAA: I hereby acknowledge, and have ready access to, and receipt of the office HIPAA Notice of Privacy Practices. It is also available on our website www.milldental.com

Signature _____ Date _____

Witness _____ Date _____

without prejudice