

David W. Hopewell D.D.S.

Our office is interested in your dental health and providing quality preventive care to our patients. We aim to provide the best possible service in a timely, professional, and safe manner. Because we strive to give all of our patients fair and just care, we request that our patients aid our endeavor. The following is our office policy and is equally applied to all of our patients, regardless of race, age, or gender.

Effective April 14, 2003, a new Federal law has been enacted, HIPAA, with the goal of protecting each patient and their families privacy. Our office will do all we can to provide care in a confidential manner. Please know, other than fellow organizations, such as dental specialists, dental insurance carriers, and other medical practitioners, we will not be able to discuss your dental care with any outside party, without your explicit consent.

Please name those, with whom we may discuss your care:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

It is important for you to understand that when you have made an appointment, you are making a commitment to our office to attend. If for any reason you are unable to keep your appointment, **we require advanced notice of at least 48 business hours. Please note Friday, Saturday, Sunday and holidays are not business days. Failure to provide sufficient notice (or no notice at all) will result in a \$100 fee charged to your account with our office.** Should you or your family have three such cancelations, we hold the discretion to discontinue our professional relationship. We would very much like to avoid such a situation.

For our patients who have dental insurance, we are able to help you submit your dental claims. In return, we require that you provide us with **complete insurance information**. Subsequently you are responsible for notifying us of changes to your dental insurance prior to your dental appointments. Your insurance coverage is a contract between you and the insurance company; therefore, all balances on your account are your financial responsibility. While we will do all we can to acquire payments from your dental company, we are a third party administrator. **We cannot guarantee insurance coverage or payment.** However we are always happy help you obtain an estimate of dental benefits.

We expect and appreciate **payment of your estimated patient portion** upon completion of your dental visit. We accept all major credit cards, Debit, cash, and check. There is a \$30.00 NSF fee assessed towards any account should a check be returned unpaid. Our office assesses an 18% annual, or 1.5% monthly, service fee to all accounts pending 60 days and longer. Accounts are not to be carried over 90 days. Should additional payment arrangements be needed it is required that this be discussed prior to your dental appointment.

We appreciate the time you have taken to read our office policy and look forward to providing you with a great dental experience!

I have read and understand the office policies of David W. Hopewell, DDS. PLLC

Signed

Dated