



CONSENT FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

I, _____ understand and agree that Stone Family Dentistry may use and disclose protected health information (including but not limited to name, address, health history, symptoms, examination, test results, diagnosis and treatment) for treatment, payment or health care operations.

RECORDS RELEASE: I accept responsibility for requesting records and x-rays from previous dental providers. Upon request, a form will be made available for patients to complete and forward to their previous dental office so that records/x-rays can be forwarded to Stone Family Dentistry.

INITIAL VISIT / SUBSEQUENT VISITS: We request payment at the time services are rendered. Payment can be made with cash, check, Visa, MasterCard, Discover, or American Express. Please remember that insurance coverage is an agreement between the carrier and the patient and you are responsible for the account and services rendered. Please be prepared to pay deductible and co-payment at each visit or discuss payment arrangements with our office manager before coming in for your appointment. A \$15.00 billing charge will be added to your account for non-payment.

COLLECTION: Monthly statements are sent out on accounts with any unpaid balances. All delinquent accounts will be reviewed by our credit representative. You will receive a phone call and/or letter informing you of your delinquent account. All delinquent accounts which are not paid within a reasonable amount of time will be subject to a \$30 administrative fee and sent to the Credit Bureau. Once an account is sent to the Credit Bureau for non-payment, you will be asked to seek care from another dental provider. A \$25 fee will be charged to your account for checks returned by your bank for non-payment.

APPOINTMENTS / NO SHOWS: Please give us a 24-hour notice if you are unable to keep your appointment. This allows us sufficient time to accommodate the needs of all patients. As a courtesy to you, we will try to call you to remind you of your appointment. Patients who do not show up will be called and notified of missed appointments. Missed appointments are subject to missed appointment charges and/or dismissal from the practice.

Our staff is always available to answer any questions you may have concerning our policies.

Responsible Party's Signature

Date