

OFFICE POLICIES



Our office strives to provide exceptional natural dental care. We offer the following policies to keep communication lines clear and to create and maintain healthy patient/Dr./office relationships. We look forward to working with you to optimize your oral health.

Scott Taylor DDS & Team

OFFICE POLICY REGARDING CANCELLATIONS

Initial _____ Date _____

It is our goal is to provide you with dedicated one on one time for your treatment.

To help achieve this goal we schedule specific appointment times just for you so that you can receive the individual time that you need and deserve. If an emergency arises in which you need to reschedule or cancel your appointment we request that you give us at least 48 hours notice to allow other patients to be seen. If you miss your appointment or reschedule/cancel with less than 48 hours notice you will be charged a \$45 cancellation fee. We realize that on rare occasions, unavoidable emergencies occur and make giving us an advanced notice impossible. We are very understanding of this and will always work with you. By striving for mutual respectful of each other's time all of our patients, staff and providers can enjoy the benefits of our calm, efficient dental office.

OFFICE FINANCIAL POLICY

Initial _____ Date _____

Payment in full is due at the time of treatment

We accept the following payment methods:

- Cash
- Check
- Credit Card
- Care Credit (Third party financing)

*If we are courtesy billing your insurance for you please see the following policy.

OFFICE POLICY REGARDING DENTAL INSURANCE

Initial _____ Date _____

Your estimated co-pay/deductible is due the day of treatment.

If we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount of the treatment. We can help you understand how your benefits might work in our office. We file insurance claims electronically, so your insurance company will receive each claim within days of the treatment. By law, your insurance company is required to pay each claim within 30 days of receipt. You are responsible for any balance on your account after your insurance makes their payment.

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Any balance due on co-pays, deductibles etc. will be charged to the credit card that you provided on your initial paperwork. We will promptly send you a refund if your insurance pays more than was expected.

Please understand that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company; only you do. We are not responsible for the intricacies of how your insurance handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment. Our estimate is a guess, not a guarantee. You can ask us to submit a pre-estimate for your treatment to your insurance company. We are similarly not responsible for any errors in filing your insurance: once again, we file claims as a courtesy to you. Benefits are not determined by our office. Please keep us informed of any insurance changes such as policy name, Insurance company address, or change of employment.

State of California Dental Materials Fact Sheet

Initial _____ Date _____

The State of CA DMFS (Dental Materials Fact Sheet) was made available to me.

HIPAA Information and Consent Form

Initial _____ Date _____

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been *our* practice for years. This form is a "friendly" version. A more complete text is posted in the office. What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov. We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.