

Our Financial Policy

Thank you for choosing us for your dental needs. We are committed to providing you excellent care. Payment of your bill is part of successful treatment. Our Financial Policy is based on an open and honest discussion of our fees.

We accept cash, checks, Visa, Mastercard and Discover cards. We also offer third party financing through CareCredit, which offers an 18 month interest free program.

USUAL AND CUSTOMARY RATES

We are committed to providing excellent dental treatment to all our patients. Our fees reflect our commitment to the quality our patients deserve and are considered usual and customary for the area, regardless of any insurance company's determination.

INSURANCE

Your insurance policy is a contract between *you and your insurance company*. As your dental health care provider, we are not party to that agreement. Any quote from us is just a good faith estimate and not a guarantee of what your actual insurance benefit may be. In the event we do accept assignment of your insurance benefits and they do not pay within 30 days; interest will begin accruing to your account. Our office is committed to helping our patients maximize their benefits. Please be aware that some, and perhaps all the services provided, may be non-covered services and not considered reasonable and necessary under your benefit program. We are always available to answer your questions.

There are two service rates in our office: Usual and Customary Rates (UCR) and In-Network Rates.

- UCR applies to all patient with PPO and HMO insurance plans as well patients who elect no to use insurance. Although we do not accept HMO dental insurance plans, we still see quite a few patients who opt for out of network care. Because cutting corners is not an option for us; our UCR changes annually.
- In-Network rates apply to Delta Dental Premier and PPO plan. We are in-network with Delta Dental as a Premier provider only. This means we are out of network with Delta Dental PPO plans. However, we will only charge the contractual in-network rates.
- Once insurance has paid, any remaining portion is the responsibility of the patient (or guardian).

MINOR

Payment for the services of the treatment of minors can be made by cash, check, or credit card and is the RESPONSIBILITY of the ADULT ACCOMPANYING THAT MINOR.

MISSED APPOINTMENTS

Be advised that the policy of this office is to charge for missed appointments a minimum of \$60-\$250 depending on length of appointment unless they are canceled 48 hours in advance. Once an appointment has been made, please remember this time has been reserved specifically for you. This better enables us to serve your needs.

SERVICE CHARGES

The policy of this office is to charge \$25.00 for all returned checks, as well as any processing fees our bank may charge us.

INTEREST

We reserve the right to charge interest in the amount of 18% as provided by state law.

COLLECTION FEES

Fees incurred to collect payment will be billed to and are payable by the patient.

FINANCIAL CONSENT

The patient (guardian) agrees to be fully responsible for total payment of treatment performed in this office.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

HIPPA Policies

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

S. WARD ECCLES, D.D.S., INC.

(Name of Dental Practice)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health providers keep your medical and dental information private. The HIPAA Privacy Rule states that health providers must also post in a clear and prominent location and provide patients with a written Notice of Privacy Policy.

The privacy practices described are currently in effect. We reserve the right to change our privacy practices, and the terms of this Notice, at any time, provided such changes are permitted by law. If changes are made, a new Notice of Privacy Policy will be displayed in our office and provided to patients. You may request a copy of our Notice at any time. Additional information may be obtained from the HIPAA Coordinator listed in our written HIPAA Plan.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following describes how information about you may be used in this dental office:

- **Treatment Services:** We may use or disclose your health information to all our staff members, other dentists, your physicians, and or other health care providers taking care of you.
- **Payment and Health Care Operations:** We may use and disclose your health information to obtain payment for services we provide to you, to participate in quality assurance, disease management, training, licensing, and certification programs.
- **Marketing:** We will not use your health information for marketing purposes without your written consent.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, email, postcards, or letters.
- **Legal Requirements:** We may disclose your health information when required to do so by law.
- **Abuse or Neglect:** If abuse or neglect is reasonably suspected, we may use or disclose your health information to the appropriate governmental authorities.
- **National Security:** When required, we may disclose military personnel health information to the Armed Forces. Information may be given to authorized federal officials when required for intelligence and national security activities. Health information for inmates in custody of law enforcement may also be provided to correctional institutes.
- **Family Members, Friends, and Others Involved in Care:** At your request, we may disclose your health information to a family member or other person if necessary to assist with your treatment and/or payment for services. Based on our judgment and as per 164.522(a) of HIPAA we may disclose your information to these persons in the event of an emergency. We also may make information available so that another person may pick up filled prescriptions, medical supplies, records, or x-rays for you. Your information may be disclosed to assist in notifying a family member, caregiver, or personal representative of your location, condition, or death.

Note: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

PATIENT RIGHTS

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information.

We will charge you a reasonable cost-based fee for expenses such as copies. If you request X-Rays, there will be a fee for any copies of films. You are not entitled to originals, only copies. Postage will be added if copies are to be mailed. If you prefer, we will prepare a summary or an explanation of your

health information for a fee. Details of all fees are available from the HIPAA Coordinator.

- Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
- Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
- Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy policy or have questions or concerns, please contact us. If you have concerns relating to a perceived violation of your privacy rights, to access to your health information, to amending or restricting the use or disclosure of your health information, or to requesting alternative means of communication, you may contact us using the contact information listed at the end of this Notice. You also may submit a written complaint to the DHHS. We will provide you with the address to file your complaint with the DHHS upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the DHHS.