

Our Office Policies

Thank you for choosing our office for your dental care. We are honored to be your provider and committed to delivering excellent treatment in a respectful, transparent environment. To help ensure a smooth experience for everyone, we've outlined a few policies that allow us to focus on what matters most—your health.

Payment Options

We offer several convenient payment methods:

- Cash or check
- Visa, MasterCard, Discover
- CareCredit® third-party financing (with 6 or 12-month interest-free or deferred-interest plans)

Payment is expected at the time services are rendered unless other arrangements have been made in advance.

Our Fees

We charge fees that reflect the quality of care we provide and the time and expertise it requires. These are considered **Usual and Customary Rates (UCR)** for our area and apply whether or not you use insurance.

Insurance and Benefits

If you choose to use dental insurance, here are a few important points:

- Your policy is a contract between you and your insurance provider.
- We are not contracted with HMO plans, but many patients with out-of-network plans still choose our care.
- We may accept assignment of benefits from PPO plans; however, you remain responsible for any portion not covered.
- Insurance estimates are provided as a **good faith courtesy**—not as guarantee of coverage.
- If insurance payment is not received within 30 days, interest may be applied to your account.

We're happy to help you understand and make the most of your benefits.

Types of Rates

We offer two fee structures depending on your insurance:

- **Usual and Customary Rates (UCR):**
Applies to all patients using out-of-network PPO plans, HMO plans, or no insurance.
- **In-Network PPO Rates:**
We are out-of-network, but certain PPO plans may reimburse at in-network rates depending on your plan benefit level. We are in-network only with Level dental insurance.
After insurance pays, **any remaining balance is your responsibility.**

Appointments & Missed Visits

Your appointment time is reserved exclusively for you. To maintain availability and efficiency for all our patients, we require:

- **48 hours' notice for any appointment changes or cancellations**
- Missed appointments without sufficient notice are subject to a **fee of \$60–\$250**, depending on the time reserved

Treatment for Minors

The adult accompanying a minor is financially responsible for services provided during that visit. We accept cash, checks, or credit cards for these appointments.

Other Financial Terms

- **Returned Checks:** \$25 fee plus any bank charges
- **Interest Charges:** 18% annual interest may apply on overdue balances
- **Collection Fees:** Any fees incurred to collect unpaid balances will be added to the patient's account

Financial Consent

By receiving treatment in our office, you agree to be financially responsible for all services provided, regardless of insurance reimbursement.

If you have any questions or concerns about these policies, please don't hesitate to reach out. We're here to help you feel confident and informed every step of the way.

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.