



## *Notice of Privacy Practices*

**This notice describes how medical information about you may be used and disclosed. Please review it carefully.**

Fort Wayne Smiles, PC, respects your privacy. The health information we create and obtain in providing care and services to you is protected by law. We understand that your personal health information is sensitive. You must note in your health history, and periodically update with us, those individuals who have the right to discuss your information with us, unless the law authorizes or requires us to do so. Your protected health information includes your symptoms, diagnosis, treatment and other information pertaining to your visit.

### **Your Health Information Rights**

The records we create are property of Fort Wayne Smiles, PC. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read and ask questions about this Notice
- Request by letter that you be allowed to see and get a copy of your protected health information

### **Our Responsibilities**

We are required to:

- Keep your health information private except to those you identify
- Give you this notice
- Follow the terms of this notice

We have the right to change our practices regarding the health information we maintain. If we make changes, we will update this Notice.

Law determines how your protected health information can be used and disclosed without your consent:

- For problems with food, supplements and products to the FDA,
- For workers' compensation claim data should a claim involving you be made,
- For public health and safety purposes as allowed or required by law:
  1. to public health and legal authorities to protect public health and safety,
  2. to prevent or control disease, injury or disability,
  3. to prevent or reduce a serious threat to the public health or the safety of a person,
- For law enforcement should we receive a subpoena, court order or other legal process, or if you are the victim of a crime,
- For health and safety oversight activities, to agencies such as the Department of Health,
- For work-related conditions that could affect employee or public health, for example, should an employer ask us to assess health risks on a job site.

**Other uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization. I understand and agree to the terms of this Notice.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



Fort Wayne Smiles, PC, Financial Policy

Welcome to our practice. We are honored you have chosen us as your dental team. In order to effectively serve you; we want you to be aware of our financial policies. We encourage you to discuss any questions you may have about these policies.

1. A current dental benefit card must be presented at each appointment if not on file. Should you forget your card, payment in full will be expected at the time of service.
2. It is your responsibility to know and understand your dental benefit and what it covers, and your plan booklet, human resource manager or dental carrier can provide that information to you.
3. We are happy to submit your claim for services rendered to your dental benefit carrier. At each appointment, you are responsible to pay for your deductible, for non-covered services or for any co-payment your plan requires. In the event your plan fails to cover submitted treatment, you are responsible for your balance.
4. If your dental carrier only sends checks to you directly, such as Delta Dental, payment in full is due at the time of service.
5. For your convenience, we accept cash, checks with proper ID, Visa, MasterCard and Discover. For extended treatment, we offer a variety of payment options.
6. Accounts over 60 days from date of service accrue 1.5% per month interest. Accounts over 90 days are sent to a professional dental collection agency.
7. Treatment of Minors: We realize many families are in a state of change. Divorced, separated, single parents and blended families are now common. In many of these families, the question of who is financially responsible for the child's care can be complicated. The parent or individual who brings the child to the appointment is responsible for payment for that appointment.
8. If your dental carrier requires an additional report about your treatment, we will be happy to provide it. Due to the time involved, an administrative fee of \$5 for each report will be payable at report's completion.
9. Returned checks: If your check is returned for non-sufficient funds, we will contact you to request a cash payment of your account. Due to handling fees and bank charges, an NSF fee of \$35 will be due for each returned check.

I have read, understand and agree to the above financial policies of Fort Wayne Smiles, PC.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_