

**Insurance and Financial Policy**

At Jacksonville Family Dentistry, we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding care to hundreds of patients. Some have dental benefits, but some do not. If you have dental benefits, congratulations!

You are very fortunate. Here are some important things you should know:

- Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.
- We currently accept many private care insurance plans. This means that we work with literally hundreds of companies. Although we can maintain computerized histories of payment given by a company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee coverage. This does delay treatment but will give you the exact out-of-pocket figures you may require.
- We will bill your insurance as a courtesy. If insurance does not pay within 90 days, Jacksonville Family Dentistry reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare, but it is important that you recognize that the insurance you have is a legal contract between you and your insurance company. Our office is not, and cannot be a part of that legal contract. In the event collection action has to be taken regarding this account, the undersigned agrees to legal fees and court cost incurred by Jacksonville Family Dentistry in collecting this account. Ultimately, you are responsible for all charges incurred in our office.
- Jacksonville Family Dentistry does require full payment in full for your portion at the time of service. We accept most major credit cards, cash, and personal checks. We also work with CareCredit, a commercial creditor, who offers an interest bearing revolving line of credit designed to meet your treatment plan needs and is also based upon approval. Returned checks will be charged a fee of **\$30 per check**.

**Cancellation Policy**

A Specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hour notice.

**I agree with the above conditions:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Information Privacy Protection Act (HIPPA)**

Effective April 14, 2003 new federal law requires physicians and health care providers to obtain written consent before disclosing your personal health information to other health care professionals or facilities. Please know that complete confidentiality is a priority of the highest magnitude in our office. However, in the course of providing optimal care for you it may be necessary to disclose diagnoses or lab results to other physicians or facilities directly related to your care. A copy of this policy is available at your request.

**I agree with the above conditions:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right to claim exemption under the laws of the Constitution of the State of Alabama and any other State.**

**EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE:**

You agree, in order for us to service your account or to collect monies you may owe,

Jacksonville Family Dentistry and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable. I/We have read this disclosure and agree that Jacksonville Family Dentistry, its employees and/or agents may contact me/us as described above.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

