ISLAND VIEW DENTAL
2014

OFFICE POLICY:

Thank you for choosing us as your dental care provider. We are committed to provide you with the best dental treatment possible. It is the policy of this office that services are paid for as they are provided. WE accept cash, check, credit cards (Visa/MasterCard/Discover) or Care Credit financing. Balances greater than **90 days old** are subject to an **18%** annual service charge. If an appointment needs to be changed, please inform the office at least **48 hours** prior to the appointment time.

INSURANCE AUTHORIZATION

All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite payments; however, the patient is responsible for all fees, regardless of insurance coverage. All accounts with balances due will receive a monthly statement.

I authorize release of any information to my insurance company necessary to process my claim. I authorize Island View Dental to initiate a complaint to the insurance commissioner for any reason on my behalf. A photocopy of this assignment shall be considered as effective and valid as the original. I request payment of authorized insurance company benefits be made on my behalf to Island View Dental.

NOTICE OF PRIVACY PRACTICES

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

Our commitment here at Island View Dental is to serve our customers with professionalism and caring, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

During treatment, we may find it necessary to acquire a laboratory analysis.

For payment purposes, we may use the services of a billing service and collection agency.

For treatment we may need to contact your physician.

We here at Island View Dental are committed to obeying all Federal, State, and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. The individual, as provided for by law, may revoke this written authorization at any time.

If you have any questions or comments regarding your protected health information, feel free to contact our Business Manager at 308-381-0167.

We must have written authorization from you to allow anyone other than yourself to have access to your personal health information. Is there anyone you would like to authorize to receive this information:

☐ **No** ☐ **Yes** **If yes, please indicate whom: _____**

I have read and understand the above policies and Notice of Privacy Practices.

Signed: _____ **Date_____**
(Patient or Legal Guardian)