

# PATIENT AGREEMENT



- I agree to inform Friendly Smiles Dental Group of any changes to my home address, phone number or insurance coverage.
- I authorize Friendly Smiles Dental Group to verify and release any medical or dental information to process my insurance claims.
- **I UNDERSTAND THAT I AM FULLY RESPONSIBLE TO GIVE THE MOST ACCURATE INFORMATION REGARDING MY INSURANCE, MEDICAL OR DENTAL STATUS. BY SIGNING BELOW, I AUTHORIZE PAYMENT TO BE MADE DIRECTLY TO THE DENTIST BY MY INSURANCE COMPANY AND I ACCEPT FINANCIAL RESPONSIBILITY FOR ALL SERVICE NOT COVERED.**
- Patient co-pays are due at the time of service either by cash, check or credit card. As a courtesy to our patients we will be happy to bill your insurance company and any over-payment will be refunded to you. For those who are not familiar with your dental plan benefits, please obtain a manual from your employer's human resources department.
- Balances after 30 days may be subject to a 1.5% finance charge, along with a \$5.00 billing charge for the unpaid account balance. Returned checks will result in a \$35.00 charge. A cash or credit card payment in the amount of the NSF check plus the return check fee will be due within 2 business days.
- WE UNDERSTAND THAT CERTAIN CHANGES TO YOUR SCHEDULE ARE SOMETIMES UNAVOIDABLE. IF YOU ARE UNABLE TO KEEP A SCHEDULED APPOINTMENT, PLEASE CALL US A MINIMUM OF 48 HOURS IN ADVANCE. WITHOUT ADVANCED NOTICE, YOU MAY BE CHARGED \$50.00 FOR A MISSED APPOINTMENT.
- We are committed to providing professional and quality care to each and every patient. To ensure this standard of care, please avoid the use of cellular phones in the office. Also, to protect the privacy of our patients, family members and friends are to remain in the reception area.
- Inclement weather notice- Friendly Smiles Dental typically follows PPS weather closures (not necessarily late start.) We do our best to inform patients of these closures, but are not always able to make contact. Please check with the office prior to any scheduled appointments when weather is a concern, the voicemail will have updated information for the day.

**Please let us know if you have any questions or concerns. Thank you.**

## **ACKNOWLEDGMENT OF PRIVACY PRACTICES**

I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly or indirectly
- Obtain payment from third-party payors for my health care services.

I have been informed of my dental provider's Notice of Privacy of Practices containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such Notice of Privacy Practices. I understand that my dental provider has the right to change the Notice of Privacy Practices and I may contact this office to obtain a current copy of the Notice of Privacy Practices.

- I authorize Friendly Smiles Dental Group and/or staff to leave a message regarding my dental appointment on my answering machine and/or with (Print Name and Relationship):

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Please let us know if you have any questions or concerns. Thank you.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_