

HINGHAM DENTISTRY P.C.

To Our Clients:

Welcome to our office! We are delighted that you have selected us for your dental health care services. We pride ourselves on providing you with the best dentistry offers.

PAYMENT POLICY: Payment is due at the time of service

We accept MasterCard, Visa, Checks, or Cash

All restorative treatment must have a pre-arranged, written financial agreement, which will require one half of the total cost down before work is started and payment in full before treatment is completed. All financial obligations must be made prior to the completion of dental treatment. Extended payments are available upon special request and will be assessed a 12% annual finance charge.

All over due accounts will be assessed a 12% annual finance charge and you will be responsible for any collection service fees.

There will be a \$25.00 fee assessed for any checks returned unpaid.

INSURANCE POLICY:

We are "in-network" with most Delta Dental Premier Plans and Blue Cross Blue Shield Dental Blue Plans. All others are considered "out-of-network". Co-payments are due at the time of service (i.e. your estimated share of costs that your insurance will not cover is due on a per-visit basis)

For restorative services pre-treated, co-payment is due before work is started.

We are pleased to assist you in processing your dental insurance; however, dental insurance policies are a contract between the patient and the insurance company. It is the patient's responsibility to maintain their insurance coverage and to advise Hingham Dentistry of any changes in insurance. We request that you keep your account current with us and personally consult your insurance company for services not covered.

CANCELLATION POLICY:

Kindly allow 48 hour notice for reserved appointment changes so that we may offer this time to another patient. A broken appointment charge of \$65.00 will be charged if we are not notified.

Thank you again for selecting us as your Dental Team. We look forward to providing you with dental services of the highest caliber in an atmosphere that is both caring and comfortable.

PUBLICATION OF RECORDS:

Because I have sought treatment at Hingham Dentistry, I authorize that records of my case, including progress notes, x-rays, photographs/video, slides, or any other available documentation be made available for third party insurance/reimbursement: every effort will be made to prevent my identity from being revealed. I specifically release and agree to hold harmless Hingham Dentistry and all others from liability or other obligation arising from the taking or use of photographs/video. I further understand and intend that this release shall be binding on me, my heirs, executors, administrators, successors, and assigns.

I further understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions during or following the treatment, I agree to report them to the doctors of Hingham Dentistry as soon as possible.

ACCESS TO MEDICAL INFORMATION:

I authorize that Hingham Dentistry and its affiliates to (1) release my insurance company or third party payor or administrator any information they request from my medical record in connection with their settlement of any claim filed for my case and any related review, including quality assurance and utilization reviews; (2) permit representatives of my insurer, third party payor or administrator to review my dental record at the dental school for the purposes of performing quality assurance and utilization reviews in connection with their review of my case; (3) release information requested from my dental record to other dentists, facilities or agencies in order to facilitate the provision of continuing care.

Signature

Date