

Mortenson Family Dental

Financial Policy

Thank you for choosing us as your dental care provider. It is very important to us that we establish the kind of relationship with you that provides the very best care in the most pleasant environment possible.

In order to make financial arrangements for your treatment, we offer several flexible payment options. We accept cash, checks, all major credit cards, as well as extended payment plans upon credit approval. For unaccompanied minors, we ask that you make financial arrangements prior to the day of their appointment.

Dental Insurance

We are happy to accept assignment of insurance benefits from your insurance company. As a courtesy to you we will file your insurance and help you maximize your benefits. We will estimate your insurance coverage and your portion of the cost of the treatment, which is due at the date of service. Since this is an estimate only, you may have an additional balance due, or we may issue you a refund after we have received payment from your insurance carrier. It is important to note that the balance on your account is your responsibility regardless of your carrier's coverage.

Missed Appointments

Please help us serve you and all our patients best by keeping your scheduled appointment. If it is necessary to reschedule your appointment, please give us a 24-hour notice in order to avoid a \$25 fee.

Summary of Notice of Privacy Practices

Our Privacy Practices comply with Omnibus 2013

Mortenson Family Dental keeps information of all your dental visits. We are required by law to maintain the privacy of your protected health information, and to provide you with notice of our legal duties and privacy practices with respect to your information upon request. You can also find the Notice on our website. This notice is a detailed explanation on how we may use your protected health information and your rights to inspect, and amend your information. We are required by law, and by our own code of ethics, to keep your information private, and to follow the practices outlined in this Notice. Our Privacy Practices comply with Omnibus 2013, and are updated effective 09/23/2013.

* You May Refuse to Sign This Acknowledgment*

I have had full opportunity to read and consider the contents of this office's Notice of Privacy Practices. I understand I am giving my permission to use and disclose my protected health information to use in treatment, payment activities, and healthcare operations. I also understand that I have the right to revoke or modify this permission

Print Name: _____ Signature _____ Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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