

FINANCIAL/OFFICE POLICIES

Payment

For your convenience, we accept Visa, MasterCard, American Express, Discover, and **CareCredit**. We deliver outstanding care at the most reasonable cost to our patients. Therefore, payment is due at the time service is rendered unless other arrangements have been made in advance. Please remember you are fully responsible for all fees charged by this office regardless of your insurance coverage. Your prompt remittance is appreciated.

Insurance

Your dental plan is a form of compensation provided by your employer. As a courtesy to you, we will help process your insurance claims in order for you to receive the maximum benefit. We can only make estimates regarding insurance benefits based on the information provided to us by you and the insurance company. We often provide dental x-rays and a written diagnostic report to your insurance company when treatment is completed. In the event your insurance company does not pay as much as expected the remaining balance is due promptly.

Assignment of Insurance Benefits

I/We hereby assign directly to Dr. Brian Mitchell DDS insurance benefits otherwise payable to me/us. I/We hereby authorize the release of any information relating to any claims. I/We understand I/We are financially responsible for charges not paid by this assignment.

Interest Free Plans

We are pleased to offer interest-free payment plans for qualified individuals. **CareCredit** is a healthcare card designed to allow many of our patients to begin their recommended treatment immediately, while giving you the opportunity to make affordable monthly payments that fit your lifestyle. It also helps pick up where insurance may have left off. Please ask our patient coordinators for more details.

48 Hr. Cancellation Requirement

Short-notice cancellations impact our private dental office in many ways. As a courtesy to Dr. Mitchell, our team and other patients needing an appointment, we ask that should you need to cancel your reserved time with us, that you give us a 48 hour notice. We understand that emergencies happen and will approach every situation with respect.

Acknowledgement of Privacy Practices (HIPPA)

I acknowledge and have been informed that the Notice of Privacy Practices for Dr. Brian Mitchell is posted in the office for review.

I HAVE READ AND ACKNOWLEDGE ALL OF THE ABOVE FINANCIAL/OFFICE POLICIES. (A copy of these policies will be provided upon request.)

Signature: _____

Date: _____