PALMETTO
DENTAL CENTER

FINANCIAL POLICY/PRIVACY POLICY:

Palmetto Dental Center is committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

1. **All patients must complete our "PATIENT REGISTRATION FORM" before seeing the dental professional. We will periodically ask this form to be updated at our discretion.**
2. **Full payment is due at the time of service.**
3. **We accept cash, checks, most major credit cards, Apple Pay and Care Credit.**
4. **Palmetto Dental Center provides insurance company billing as a courtesy to our patients. The patient portion of particular dental service(s) is ESTIMATED and due at the time of service.**
5. **Our practice is only a contracted provider with a FEW insurance carriers; however, we file your insurance as a courtesy to you and help you get the most out of your insurance benefits based on your policy, even out of network.**
6. **Insurance companies now require all claims to be filed within 90 days from the date of service, therefore, it is your responsibility that we have updated and correct information concerning your insurance.**

PATIENTS RESPONSIBILITY:

Adult patients are responsible for full payment at the time of service. The adult accompanying a minor, his/her parents or guardians, are responsible for full payment at the time of service. Unaccompanied minors are also responsible for full payment at the time of service and arrangements can be made, if needed.

INSURANCE:

Palmetto Dental Center provides insurance company billing as a COURTESY to our patients. The patient portion of particular dental service(s) is estimated and due at the time of service. The amount may be subject to adjustment when the dental service(s) claim(s) are adjudicated by the insurance company. Also, certain insurance companies have annual limitations for the amount of dental services that can be reimbursed within each plan year. If you or your family exceed the particular plan's limitations in any plan year, you will be responsible for the full amount of dental services that exceed the particular plan's limitations. The patient is responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. The patient may not rely upon any information provided by Palmetto Dental Center staff regarding his/her remaining benefit in any such benefit period. The claims we submit to insurance companies indicate that you are assigned those benefits to Palmetto Dental Center. However, if the insurance company pays you instead of Palmetto Dental Center, you then become responsible for the total account balance and payment would be expected immediately. If you or your family has more than one dental insurance program, we will assist you in obtaining the maximum benefits available. You, as the patient, are always responsible for any charges that are not covered by your insurance.

DELINQUENT PAYMENTS:

You may be subject to finance fees of up to 18% if your bill is not paid in 30 days. In addition, all payments returned due to non-sufficient funds will be subject to a NSF fee that is charged to Palmetto Dental Center by our bank. If your account has to be turned over to a third party collection agency for non-payment, there will be a collection fee added to your bill.

PRIVACY POLICY:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgment of receipt of the same. You may refuse to sign this acknowledgment form.

By signing this form, I confirm that I have received a copy of the Notice of Privacy Practices for Palmetto Dental Center. I have been given the opportunity to ask any questions I may have regarding this Notice.

Printed Name: _____

Signature: _____

Date: _____

Written Acknowledgment was not obtained because:

- ☐ Patient Refused Signature
- ☐ Emergency Situation
- ☐ Unable to Communicate with Patient
- ☐ Other (explain):