

OFFICE POLICIES AND PROCEDURES

FINANCIAL POLICY / PAYMENT FOR SERVICES

It is the responsibility of the patient to pay for services rendered at the end of each office visit. We accept Master card, Visa, American Express, Discover Card, Personal Checks, and Cash.

INSURANCE

We provide services for our patients with the understanding that he/she is responsible for payment in accordance with our financial policy listed above. Treatment recommendations and fees are based on your dental needs and desires and are not affected by the presence or absence of **dental** or **medical** insurance. Your insurance benefits are a contract between you, your employer and the insurance company. Upon request by the patient, we can prepare and submit **dental** insurance claim forms to your insurance company for reimbursement. **This means you pay the doctor for services rendered and the insurance company reimburses you for what they cover.**

PHOTOGRAPH, RADIOGRAPH AND IMAGE RELEASE

Due to the nature of our practice, the doctors present lectures, teach and contribute to scientific publications. To enhance their presentations, examples of photos, videos and/or X-rays are needed to help with visualization and understanding. Your name or personal information will never be disclosed.

___ I consent that my photographic / radiographic images can be used by the Renew Institute prosthodontists for the education of dentistry.

___ I do not want my photographic images used.

ACKNOWLEDGEMENT OF PRIVACY PRACTICES (HIPAA)

I understand that a copy of Privacy Practices is on file in the office. I may receive a copy of my request. Please list personal individual(s) that you would allow us to release medical and/or financial information. We will not discuss your case with anyone other than those you list below:

Name: _____

Name: _____

Please Print Name

Date

Signature