ACKNOWLEDGEMENTS of

HIPAA, Insurance, Missed Appointment Policy

Jacqueline Bennett D.D.S
Art Of Dentistry

HIPAA (Privacy Policy)

I, _____, have received a copy of this office's Notice of Privacy Practices

Signature } _____ Date _____

You may refuse to Sign this HIPAA acknowledgement

Missed Appointment Office Policy

A **24 hour cancellation** notice is required. Without this notice, there is a fee of $50 per hour of appointment. Initial here _____ that you have read and understand this fee. Thank you

Dental Insurance and Financial Responsibility

We are contracted for PPO plans with ASSURANT, GUARDIAN, CIGNA, and BC/BS of AZ as well as some PPO plans under Dental Health Alliance, L.L.C. We can also process all other dental indemnity insurance plans. We cannot bill to HMO or EDS insurances.

Each insurance plan is different, depending on what the employer contracts with the insurance carrier.

**There may be a deductible per person, or per family per year.

**There is usually a maximum per person or category of procedure that can be paid out per visit per year or lifetime. This includes services done in other dental offices as well as ours.

**There are included and excluded services.

**There are alternative benefits for some services, for which the insurance company pays a reduced benefit for the least expensive service that would be available to meet your needs. Example: a composite (white) filling being paid at a percentage of an amalgam (silver) filling. (They do not say that it is the best procedure for you, only the least expensive one is the one they will pay).

**There are plan limits on frequency of some services. Example: exams and cleanings.

**There are plan limits on replacement of some services. Example: existing crowns.

Insurance companies vary a great deal, and we cannot control or reliably predict most insurance plans. It is your responsibility to understand the limitations of your insurance plan. It is your responsibility to pay any balance that is not paid by your insurance, whatever the reason for their denial.

Please sign and date below, acknowledging that you have read, understand and agree to the above protective information.

Signature _____ Date _____