

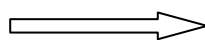


Kacy Family Dentistry, PC
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PLEASE READ THE FOLLOWING PAGES AND SIGN AND DATE

I would like to take a few moments to make you aware of some concerns of ours and also your responsibilities on a few topics.

- 1) **Appointment Responsibility:** As a courtesy, we attempt to confirm all next day appointments. Unfortunately, we are not able to contact everyone during office hours. It is strongly felt that keeping an appointment is the “patients” responsibility. This is especially true of hygienist and longer appointments. Therefore, in order to prevent a missed appointment charge of **\$25.00 or \$50.00**. We ask that each patient give **24-hour notice** when any conflict with an appointment arises. If an appointment is not cancelled within 24-hour notice there will be a charge of **\$50.00** for 2 hour appointments, and for hygiene and one hour appointments such as fillings, post and cores, extractions, and crown cements there will be a **\$25.00** charge.
- 2) **Insurance information:** Due to the vast number of dental insurance policies, it is mandatory that you provide us with your proper insurance information. This must be provided to us, prior to your appointment, to enable us to correctly bill your insurance company. If we do not receive the correct insurance information you will be fully responsible for the services rendered at the appointment. You are also responsible for making us aware of any changes in your insurance prior to your appointment. If not, you can and will be fully responsible for any cost due to denied insurance claims.
- 3) **Radiographs:** Please be advised that a current complete set of dental x-rays are very important when diagnosing your dental health. Because of this importance our office x-ray policies are as follows:
 - A) All new adult patients (21 years old and older) will either:
 - 1.) Agree to have a full set of x-rays (18 films) taken at our office or,
 - 2.) Bring with them to their first visit a current readable copy of a full set of x-rays. If this full set is older than one year, a set of four bitewing x-rays will be taken for cavity diagnosis.
 - B) All adult patients that are active patients of record must have:
 - 1.) A new (updated) full set of x-rays every 5 years.
 - 2.) A new (updated) set of bitewing x-ray every year for cavity diagnosis.
 - C) All new patients (14-20 years old) will have either:
 - 1.) Four bitewing x-rays taken for cavity diagnosis or bring with them a set of 4 bitewings less than 6 months old.
 - D) All patients (14-20 years old) that are active patients of record must have 4 bitewing x-rays each year for cavity diagnosis.
 - E) All new children under the age of 14 will have:
 - 1.) Two smaller bitewing x-rays taken at their first visit or
 - 2.) Bring with them current x-rays that are less than 6 months old.
 - F) All patients (under 14 years old) that are active patients of record must have 2 smaller bitewing x-rays each year for cavity diagnosis.
 - G) Shall you decide to transfer out of our office there will be a \$10 duplication fee for all current x-rays.
 - 1.) Current x-rays include a full set of x-rays (FMX) less than 5 years old; Cavity detecting x-rays (bitewings) less than one year old.
 - 2.) You will also be asked to sign a release form and provide us with the address of the new office you'd like the x-rays sent to if you are not picking them up yourself.



4) **Patient Financial Responsibilities:** The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for her treatment and care. We are pleased to assist you by billing for our contracted insurers. However, the patient is required to provide us with the most correct and updated information about their insurance, and will be responsible for any charges incurred if the information provided is not correct or updated. Patients are responsible for the payment of co-pays, co-insurance, deductibles, and all other procedures or treatment not covered by their insurance plan. Payment is due at the time of service, and for your convenience, we accept cash, check, and most major credit cards at our office. Patients may incur, and are responsible for the payment of additional charges at the discretion of Dr. Kacy. These charges may include (but are not limited to):

- Charge for returned checks.
- Charge for broken/missed appointments without 24 hours advance notice
- Charge for the copying and distribution of patient medical records.
- Any costs associated with collection of patient balances.

We have the right to retain any collection agency to represent any and all delinquent accounts. It is the full responsibility of the adult patient, or the parent of the minor to pay all additional cost charged by the collection agency of our choice.

5) **Co-pays and deductibles:** It is the full responsibility of the adult patient, the parent of an adult patient that is on the parents account, or the parent of the minor patient, to pay their portion of the dental charges, not covered by the insurance company, at the time of services. Most dental insurance's require co-pay and have deductibles. It is your responsibility as the patient, or parent of the patient to know your insurance policies. The receptionists will assist you to the best of their ability in researching your coverage and costs. However, our office does not set insurance guidelines or co-pays.

6) **Pre- Medication:** It is the responsibility of the patient, or the parent of the minor patient, to obtain and take any pre-medication of antibiotics, or any other medicine the patient may need, prior to their dental appointment.

7) **As an active patient in this office:** all adult patients must undergo a 6 month periodontal evaluation to assess the health of their bone and gums. There is no charge for this service.

8) **Privacy Policy:** A current copy of our privacy policy is available upon request.

9) ***This practice is closed to new and existing patients with DHMO coverage. If you are currently covered by a traditional or PPO insurance plan and you select, or your insurance is changed by your employer to a DHMO Dental plan, you will need to seek dental care from another dental office.***

Please sign and date the lines below to state that you agree and understand all the contents in this letter.

Name _____ Date _____
Print Name

Name _____ Date _____
Patient's Signature

Guarantor _____ Date _____