

FINANCIAL POLICY

We would like to take this opportunity to extend a personal “Thank you” for allowing us to assist with your oral surgery needs. Dr. Saar Amrani and the team at Kings Highway Oral & Maxillofacial Surgery are committed to providing you with the highest quality of surgical care, as your health and well-being are our primary concern. Please understand that prompt payment of expenses is part of your treatment. Thus, the following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. We are happy to provide you with a signed copy for your records.

PAYMENT OPTIONS

Full payment is due at the time of service unless prior arrangements have been made.
If you have insurance deductible and co-payments are due at the time of service.

We accept:

CASH, CHECKS, CREDIT CARDS, or CARE CREDIT

INSURANCE

We understand that the financial aspects of healthcare can be difficult to understand and confusing. Our office will try to do everything we can to help you. If you provide us accurate and current insurance information, we will be happy to file your charges with your primary and secondary insurance companies. Because insurance policies vary greatly, we can estimate your coverage in good faith, but cannot guarantee it. Please keep in mind that your insurance policy is a contract between you and your insurance company. **You are responsible for payment for all charges whether or not your insurance pays.** There will be a 1% monthly interest charge (12% per annum) applied monthly to any account balance exceeding 60 days, regardless of insurance status. If your account becomes delinquent and it is referred to a collection agency or attorney, you are SOLELY responsible for any outstanding balances and ALL reasonable collection costs and attorney’s fees.

APPOINTMENT POLICY

48 hours notice is required for canceled appointments. Missed appointments and canceled appointments with less than **48 hours** notice will be assessed a \$50.00 fee, payable immediately. We understand that conflicts occur, but the more notice given, the better chance we have to appoint another patient in need of dental care. We ask that you respect our schedule as we do yours by seeing our patients in a timely manner.

HOW WILL YOU BE PAYING TODAY

PLEASE CIRCLE ONE

CASH • CHECKS • CREDIT CARDS • CARE CREDIT

CARE CREDIT

As a service to our patients, we are pleased to offer the CareCredit card, North America's leading patient payment program. CareCredit lets you begin your treatment immediately then pay for it over time with low monthly payments that are easy to fit into your monthly budget. CareCredit is an excellent option with no interest payment plans available up to 12 months. If you are interested in learning more about this option please check this box:

I understand and agree to this financial policy: _____
Signature of patient or responsible party Date



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include an examination or oral surgery.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.
- We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain and we have the obligation to provide to you a paper copy of this notice from us at your first service delivery date.
- The right to provide and we are obligated to receive a written acknowledgement that you have received a copy of our Notice of Privacy Practices.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of November 1, 2011 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us, or with the Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, S.W.

Washington, D.C. 20201 about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Name: _____ Signature: _____ Date: _____