

CUSP DENTAL IS YOUR HEALTHCARE ADVOCATE: Your dental insurance carrier is **NOT** your healthcare provider. In our practice, your insurance is considered supplemental and does not dictate the quality of care we provide. As a courtesy, we will bill your dental insurance, but ***we do not render treatment based on your insurances' limitations***. If you have any questions or concerns regarding your plan, our team is more than willing to help you maximize your benefits, but any specific insurance related questions should be addressed with your carrier. We will be happy to educate you on your dental health.
Payments are due at time services are rendered and are nonnegotiable. Initial_____

FOR PATIENTS UTILIZING INSURANCE: We are happy to bill your insurance for your services. Please always provide us with your most current insurance information prior to your appointment to ensure active coverage has been verified. Initial_____

PLEASE KEEP YOUR ACCOUNT CURRENT: If your account is over 30 days old we reserve the right to begin the debt collection process. Initial_____

CANCELLATION POLICY: Commitment to this reserved time is absolutely necessary. Please be aware that we reserve the right to charge \$50 for appointments missed, cancelled, or rescheduled without a 48 hour notice.
Initial_____

HIPAA: I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- o Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- o Obtaining payment from third party payers (e.g. my insurance company);
- o The day-to-day healthcare operations of your practice.
- o I give permission to Doctors and staff to discuss treatment with _____ (relative). Initial_____

Despite the most diligent care and precaution, unanticipated complications or unintended results, although rare, may occur. A treatment plan is based on the best evidence available during the examination. There is no guarantee that this plan will not change. During treatment, it may be necessary to change or add procedures because of conditions that were not evident during examination, but were found during the course of treatment. For example, root canal treatment may be needed during routine restorative procedures. Initial_____

Patients signature:

Date: