

# AMMARI DENTAL, PC POLICIES AND HIPAA

## Payment Policy

**Payment is due** at the time of treatment. We accept cash, checks, and major credit cards. We also accept CareCredit payment plan that allows you spread the payments over time.

Insurance usually does not pay 100%, so we can only provide **estimates**. You are responsible for the **full amount** of treatment rendered, regardless of benefits covered by your dental plan. As a courtesy, we bill your dental plan provider on your behalf.

## Cancellation/Late Policy

When you schedule an appointment with us, that time is set aside **specifically for you**. Please give us **24 hour notice** if you need to cancel or reschedule an appointment. Appointments cancelled less than 24 hours or missed are subject to a penalty.

Arriving late to an appointment may be treated as a cancellation. Your appointment duration is specific for your planned & agreed upon treatment; arriving late can delay your treatment.

## Treatment Policy

In some cases, dental conditions exist that have to be addressed before a cleaning is possible. In these circumstances, other types of treatment may be required first, in order to best provide for the health of the patient. An examination and x-rays must be done before a cleaning can be given. After, the doctor will be able to see whether or not a cleaning is needed as the next step, or if a different procedure is required first.

We are committed to helping patients achieve and maintain healthy teeth and gums for the long term. The procedures we follow are in the interest of achieving this.

I have read the above statements and have been given the opportunity to ask any questions about it. I understand it.

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*You may refuse to sign this acknowledgement\*

I, \_\_\_\_\_, have received a copy of this office's Privacy Practices.

\_\_\_\_\_ **(Signature)** \_\_\_\_\_ **(Date)**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign     An emergency situation prevented us from obtaining acknowledgement  
 Communications barriers prohibited obtaining the acknowledgement     Other (please specify)