Dr. Gary S. Davis DDS Family Dentistry - Financial Policy

We want to maintain your comfort and peace of mind throughout your entire experience with us, including handling financial obligations. In order to keep our fees reasonable and our care at the highest level, payment in full for services rendered is due at each appointment. To assist you in your financial plan, we offer the following conveniences:

1. When the entire balance is settled at the time of service, a 5% savings is applies provided the following criteria are met:
    a. Payment method is cash, check, Visa, MasterCard, or Discover
    b. Insurance benefits are assigned directly to the patient
    c. No other outstanding balances exist on the family account
    d. Care Credit is NOT used
    e. Only one discount or coupon applies at each appointment

2. Senior citizens (60+) receive a 10% savings for payment in full at time of service, provided the above criteria are met.

3. Our office offers an alternative to traditional dental insurance with our in-house “Davis Dental Membership” (DDM)

4. Payment methods include VISA, Discover, MasterCard, Cash or Check

5. Extended payment plans are offered through a third-party source, Carecredit. Use of CareCredit in our office allows for 6 month no interest on purchases greater than $200, and 12 months no interest on purchases greater than $500.

6. Electronic payments (ACH) are available upon request

7. As a courtesy to patients of record, the office will accept the assignment of benefits if the insurance company in question is verified on the day of service. The remaining balance will be the patient’s responsibility should the insurance company pay less than the estimate.

General Financial Policies

1. Payment in full is expected at time of service.
2. A charge is applied for all returned checks up to $50.00
3. In case of divorce or separation, the adult accompanying the child to the appointment is responsible for payment at the time of service.
4. A 10% fee will be assessed to all accounts turned over to an outside agency for collection.
5. A fee will be assessed for any appointments missed, broken, or cancelled within 2 business days

A Word About Dental Plans

Dental insurance is a method of payment, not a method of treatment. We will gladly file your claim for you electronically on the day of your visit. Our team is trained to work with your insurance company to ensure maximum reimbursement. Most dental plans are designed to defray costs and rarely cover 100% of treatment. Any out of pocket copay is due at the time of your appointment and can be paid via credit card, check, cash, or CareCredit. Not sure if your insurance will pay for your visit? You can request a complimentary insurance analysis prior to your visit. Our expert administrative team will be able to give you a breakdown of your plans, reported benefits and any expected out of pocket expenses. Estimates serve as a guideline, Once the final payment is made, it is your responsibility to pay any amounts not paid by your dental plan.

Patient Acknowledgement

I have read the above financial policies and agree to abide by the terms. I understand that the team and dental suite is prepared and reserved specifically for me and I agree to inform the office at least 2 business days in advance if I am unable to keep my appointment. The office reserves the right to charge a fee of $75.00 for a broken appointment.

Patient/ Guardian Signature: _____ Date: _____

Dr. Gary S. Davis DDS Family Dentistry

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for **Dr. Gary S. Davis DDS Family Dentistry** to use and disclose my protected health information **(PHI)** to carry out treatment, payment, and healthcare operations **(TPO)**.

I have the right to review the **Notice of Privacy Practices** prior to signing this consent. **Dr. Gary S. Davis DDS Family Dentistry** reserves its **Notice of Privacy Practice** at any time a revised **Notice of Privacy Practices** may be obtained by forwarding a written request to:

Dr. Gary S Davis DDS
420 E Orange Street
Shippensburg PA 17257

With this consent, **Dr. Gary S Davis DDS Family Dentistry** may call or text my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out **TPO**, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, **Dr. Gary S Davis DDS Family Dentistry** may mail to my home or other alternative location any items that assist the practice in carrying out **TPO**, such as appointment reminder cards and patient statements as long as they are marked “Personal and Confidential.”

With this consent, **Dr. Gary S Davis DDS Family Dentistry** may securely email any items that assist the practice in carrying out **TPO,** such as appointment reminder cards and patient statements. I have the right to request that **Dr. Gary S Davis DDS Family Dentistry** restricts how my **PHI** is used or disclosed to carry out **TPO.** The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow **Dr. Gary S Davis DDS Family Dentistry** to use and disclose my **PHI** to carry out **TPO.**

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it **Dr. Gary S Davis DDS Family Dentistry** may decline to provide treatment to me.

Signature of Patient or Legal Guardian	**Print Patients Name**
Date	**Print Legal Guardian (if any)**