Office Financial Policy

Dear Valued Patient,

We feel that all patients deserve from us the best dental care we can provide, and we further feel that everyone benefits when office policies and financial arrangements are understood. In order that we may have a definite understanding in regard to the payment for dental services, the following is our office policy.

Patient portion for all services is required upon arrival on the date of service.

We will file insurance for you and wait for a period of 45 days for reimbursement from the insurance company. This service is done as a courtesy to you. After a period of 45 days, we will close any outstanding claim and bill you directly for the balance. If your insurance company eventually pays us, the amount will be refunded to you.

Because there is never a guarantee of payment from your insurance company, all quotes are considered to be estimates and are given to you as a courtesy.

All patients are required to give 24-48 hours (business days) notice to cancel appointments. If a patient fails to give appropriate notice or fails an appointment, a fee of **$40 (per hour reserved)** will be charged to that patient's account.

I understand that I am responsible for all fees at time of service, regardless of insurance coverage. I understand that I will also be responsible for any legal fees, collection fees, or other costs incurred in the collection of this account, if it becomes delinquent.
I have read the above and accept responsibility for payment for my dental work.

_____ _____
Patient/Guardian Signature Date

_____
Print Name

CHILDREN MAY NOT BE LEFT UNATTENDED AT ANY TIME For their safety and due to strict insurance regulations, children are not allowed in treatment rooms with parents during treatment and they may not be left in our waiting room without adult supervision. We ask that you please arrange for childcare if you are in treatment.

Office HIPAA Policy

NOTICE OF PRIVACY PRACTICES:
ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Thuc D. Hoang, DMD, pLLC. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.
Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at www.incredible-smiles.com .

If you have any questions about our Notice of Privacy Policy, you may contact Deana Gresham at 972-556-2277.

I acknowledge receipt of the Notice of Privacy Practices of Thuc D Hoang, DMD, pLLC.

_____ _____
Signature (patient/guardian) Date