



FINANCIAL POLICY FOR OUR PATIENTS

- Payment is due in full at the time of service. Please see our insurance policy below for an explanation to patients with dental coverage.
- Abraham Thomas Dental Center accepts cash, checks, Visa, MasterCard, Discover, American Express, and CareCredit Financing (information is available through CareCredit.com).
- If you need to reschedule, change, or cancel your appointment, please give us 24 hours notice. If 24 hours notice is not given, a charge of \$40.00 will be made to your account.
- There may be a fee should you request a record transfer or duplication.

INSURANCE POLICY FOR OUR PATIENTS

- Abraham Thomas Dental Center is happy to file your dental insurance charges with your insurance company. Please understand that this is a COURTESY and YOU are ultimately responsible for your account.
- We ask that you be prepared to pay the "estimated patient portion" at the time of service. "Patient portions" may include deductible, and/or a percentage of each procedure. Once your insurance has made a payment, you will be billed for the remaining balance.
- Prior authorization of your treatment is not a guarantee of payment. Your insurance company may deny some or all of the services provided regardless of prior approval.
- **ALL ESTIMATES ON TREATMENT ARE ESTIMATES ONLY** And **NEVER** a guarantee of the balance due after the final insurance reimbursement.
- If your insurance plan is one that the Abraham Thomas Dental Center is not a contracted provider for, the office will still file a claim on your behalf and accept assignment of payment. The reimbursement for the services provided would be based upon the Abraham Thomas Dental Center's standard fee schedule. Any difference between the amount paid by your insurance company and the Abraham Thomas Dental Center's standard fees will be your responsibility. Any balance on your account will be due and payable within 30 days from the receipt of a statement from our office.

COLLECTIONS POLICY FOR OUR PATIENTS

- Financial charges will be applied on any balance older than 90 days. The finance charge will be calculated on an annual percentage rate of 18%.
- In the cause of a defaulted account, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred during collection of this account or future outstanding accounts with the Abraham Thomas Dental Center.
- If a check is returned for any reason, a \$30.00 returned check fee will be charged to the account. The balance due plus any fees associated with the bounced check, in the amount permitted by the law.

Signed: _____ **Date:** _____

Patient or Guardian Name: _____

Notice of Privacy Practices

EFFECTIVE DATE: 4/20/2004

Privacy Officer: Abraham K. Thomas, D.M.D., P.C.

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.

We care about our patient's privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. If you have any questions about this notice please contact the Privacy Officer at this practice.

WHO WILL FOLLOW THIS NOTICE

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe for the treatment process.

FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. Example: We may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

FOR HEALTHCARE OPERATIONS

We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

OTHER USES OR DISCLOSURES THAT CAN BE MADE WITHOUT CONSENT OR AUTHORIZATION

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their military records
- To worker's compensation or similar programs for processing of claims

- In response to a legal proceeding
- To a coroner medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare provider's treatment activities
- Other covered entities' and providers' payment activities
- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or abuse situations
- Health oversight activities
- Other public health activities

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.

USES AND DISCLOSURE OF PROTECTION HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with written authorization if you give us authorization to use or disclose medical about you, you may revoke that authorization in writing, at any time. If you revoke your authorization we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provided you.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION

Complaints if you if you believe your privacy rights have been violated, you may file a complaint with the privacy officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for this complaint.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restriction or limitation on the medical information we use or disclose about you for treatment, payment, health care operations, or to someone who is involved in your care or payment of your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the privacy officer at this practice. In your request, you must tell us what information you want to limit.

RIGHT TO REQUEST CONFIDENTIAL COCOMMUNICATIONS

You have the right to request how we should send communications to you about medical matters, and where you would like those communications to be sent. To request confidential communications, you must make your request to the privacy officer at this practice. We will not ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on this practice.

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information that may be used to make decision about your care. Usually this includes medical and billing records but does not include psychotherapy notes. Information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may

be used to make decisions about you, you must submit our request in writing to the privacy officer at this practice. If you request a copy of the information, we reserve the right to charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice, will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the privacy officer at this practice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support a request. In addition, we may deny your request if the information was not created by us, is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect or copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

RIGHT TO AN ACCOUNTING OF NON-STANDARD DISCLOSURES

You have the right to request a list of the disclosure we made of medical information about you. To request this list, you must submit your request to the privacy officer at this practice. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six (6) years, and may not include dates before April 20th, 2004. Your request should indicate in what form you want the list (example: on paper or electronically). The first list you request within a 12-month period will be free. For additional list we reserve the right to charge a \$30.00 charge for providing the list.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current notice, please request one in writing from the privacy officer at this practice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice, with the effective date in the upper right corner of the first page.