OFFICE POLICIES

Thank you for choosing NorthStar Dental and trusting us as your dental health care provider. Our goal is to provide patients optimal dental care. We want you to ask questions throughout our relationship, and be involved in treatment decisions.

APPOINTMENTS

Appointments are carefully scheduled to best serve our patients. As a courtesy we provide a variety of appointment reminders including text messages, email, and voice messages left with roommates/family members or answering machines containing appointment dates and times. Our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel last minute. If you must reschedule we require 24-hour notice for any cancelled appointment.

FINANCIAL AGREEMENT

Payment for our services are due at the time they are rendered. Patients who have dental insurance are expected to pay their estimated co-pay and deductible at the time of service, as we additionally process your insurance claims for you. Payments may be made using Cash, Check, Visa, MasterCard, Discover, and American Express. Checks returned for insufficient funds will be charged $35.00. We also offer CARECREDIT which is an outside financing option available for healthcare expenses on approval of credit.

Having dental insurance is not a guarantee of payment; it often does not cover all the costs involved in treatment. It is your responsibility to provide and/or update us with your dental insurance card, and if applicable all required employer and personal information. As a courtesy, we will file your claim for you. Please be aware of limitations that may define non-covered, reasonable and necessary fees, and or waiting periods as defined by your particular policy. **Insurance companies may send reimbursement for dental care directly to the policy holder, in which circumstances it is the patient/policy holder's responsibility to reimburse NorthStar Dental**. If your insurance has not paid NorthStar Dental within 60-days of services rendered, patient and/or policy holder will be responsible for full payment.

Please remember insurance policies are a contract between you and your insurance company. The insurance company is more responsive to the policy holder. After 60-days the patient is responsible to pursue payment from the insurance company, and all current documentation will be provided upon request in order to assist your inquiries. **Please note, account balances over 90 (ninety) days may be subject to collections and the patient will be responsible for payment of collection, attorney's fees, and court costs associated with the recovery of the monies due on the account.**

NOTICE OF PIRVACY PRACTICES / ACKNOWLEDGEMENT

We keep a record of the health care services we provide for you. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting us. Our **Notice of Private Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

Added Disclosure – I authorize the following person(s) to have access to all health and financial information.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Your signature below indicates that you have read, understand and agree to the terms and conditions of the Office Policy and acknowledge receipt of Notice of Privacy Practices.

_____

Print Patient Name

_____ _____

Patient Signature / Parent or Guardian (if patient is a minor) **Date**