



# High Country Dentistry: Office Policies



## Insurance Policy

Based on the information you provide, we will contact your insurance company in order to determine your benefits. The explanations of benefits we receive do not reflect the exact cost of treatment, but are an estimate of coverage. We will file your insurance claims, and if your insurance requires, submit any necessary "pre-estimates" prior treatment. Dental insurance helps to cover a portion of the treatment, but ultimately any difference between our fees and your dental insurance coverage is your responsibility.

I understand that I or my responsible party is liable for any and all collections and/or reasonable attorney fees.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Today's Date

## Notice of Privacy Practices

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health insurance. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certification.

Please list anyone we may release confidential information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Today's Date

## Nitrous Oxide Policy

Initial \_\_\_\_\_

Nitrous oxide is a colorless and odorless gas that can be a safe and effective means of managing pain and anxiety in dentistry. If you would like nitrous oxide during your appointment/s, you must provide us with at least a 24 hour notice of your request. There is an additional \$75 charge per hour for nitrous oxide usage that will be applied to your account.

## Patient Safety Policy

Initial \_\_\_\_\_

For the safety of our patients and staff, we ask that only the appointed patient go back to the operatory during treatment. If you are the guardian of the patient and would like to come back during the doctor exam, let one of our staff know, and we will come get you at the appropriate time. If the patient requires other accommodations and is unable or cannot legally go in for treatment alone, please let us know in advance and we will assist you with your needs.

## Cancellation Policy

Initial \_\_\_\_\_

We ask that you provide our office with at least a 24 hour notification to cancel an appointment. If you do not show up to your appointed time, or break your appointment in less than the 24 hour period, there will be a \$50.00 fee added to your account. This \$50.00 charge will act as a deposit to go towards your next rescheduled appointment, but is non-refundable.