



FINANCIAL POLICY

We look forward to serving you, your family and friends for years to come.

Please take a moment to review our Financial Policy. If you have any questions at all please do not hesitate to ask. All fees incurred through services rendered at Sparks Family Dentistry by Dr. Basora and/or all employees and/or associates are due at the time services are rendered. All estimated co-payments and deductibles as determined by our staff will be collected prior to treatment commencing. Any portions not covered by your insurance company are the patient/guarantors responsibility and are due within 30 days of insurance benefit payment being received.

Please Initial Below

- 1) _____ I understand the above statement and that I am responsible for all fees incurred in this office.
- 2) _____ I understand I will receive a detailed estimation of all co-payments and deductible due at my appointment(s).
- 3) _____ I understand co-payments/deductible, as estimated by employees, are due prior to treatment commencing.
- 4) _____ *I understand my employer negotiated my insurance contract. If I have a dispute with my insurance company I will inform my employer.
- 5) _____ If my coverage is terminated or I have not updated my insurance coverage; I am fully responsible for all fees incurred regardless.
- 6) _____ Sparks Family Dentistry does have a \$75.00 per hour cancellation/reschedule policy. Please give a minimum of 48 hours' notice to avoid fee(s)

***Sparks Family Dentistry is here to serve you and any dispute you do have with your insurance company we will assist you with handling in any and every way we can. We have an insurance specialist and she resubmits and appeals incorrectly paid claims daily. We will attempt in every way possible to make sure the insurance company is giving you every benefit allowed under the terms negotiated by your employer on your behalf.**

"I authorize Sparks Family Dentistry to provide my Insurance Company with any information needed and/or requested to process me or my dependent(s) claims for benefit payments."

Subscriber Signature

Print Name

Date

"I authorize my Insurance Company to release all benefit payments for myself and my dependent(s) directly to Sparks Family Dentistry."

Subscriber Signature

Print Name

Date

HIPPA (Health Insurance Portability Protection Act):

Please read the HIPPA document provided explaining your rights under the Health Insurance Portability Protection Act of 1996. If you would like someone to have the ability to discuss your account, treatment or appointment(s) with Doctor(s) and/or staff members we must receive authorization in writing from the account holder and/or patient.

"I have received and understand all HIPPA compliance information provided by Sparks Family Dentistry"

Patient Signature

Print Name

Date