



## PATIENT CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). I understand by signing this consent, I authorize you to use and disclose my protected health information to carry out:

- **Dental Treatment, including direct or indirect treatment by other healthcare providers involved in my treatment**
- **Obtaining payment from third party payers (i.e my insurance company)**
- **The day to day healthcare operations of your practice**

I have also been informed of and given the right to review and secure a copy of your **Notice of Privacy Practices**, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPPA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and healthcare operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent, is not affected.

Print Patient Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CANCELLATION POLICY

We at Desoto Family Dental Care strive to provide the highest quality care for our patients. Time is reserved especially for you at your appointment with the dental hygienist or doctor. When an appointment is cancelled at the last minute or not kept, typically we are unable to fill it due to the short notice. This is unfortunate because, at times, there are patients who are in need of treatment who are waiting on appointments. We have implemented a Cancellation Policy to ensure that **all** of our patients can receive our utmost attention in a timely manner.

The policy is as follows:

We will call to confirm your appointment 1-2 days in advance; however, please realize that it is the primary responsibility of the patient to remember their appointment, even if our office is unsuccessful at reaching you.

We ask that you please give us **at least 24 hours** notice of cancellation before an appointment, with reasonable exceptions. These cancellations of less than 24 hours and no shows will be kept in the patient's record. Once a patient has **2** cancellations of less than 24 hours or **2** no shows, the patient will have to prepay for services in order to make another appointment. On the **third** cancellation/no show without proper notice, the patient will be automatically discharged from care.

Exceptions will be made for emergency situations. Thank you for your assistance in ensuring all patients receive the care they need in the shortest amount of wait time.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DFDC STAFF

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

No.	Date	Cancel	No- Show	Reason
1				
2				
3				



## YOUR INSURANCE PLAN

The team at Desoto Family Dental Care is pleased that you have insurance benefits to help with the cost of your dental care. We would like to help you obtain the maximum use of these benefits, so with this in mind, please read the information regarding our guidelines on dental insurance benefits.

### ***Do You Accept My Insurance?***

If your insurance plan allows you the freedom to choose your own Doctor, then you can use your benefits in our office. We are not an "in network" provider for any insurance company. We are happy to file your claim for you, and will accept assignment of benefits if your plan allows. Accepting assignment of benefits does not mean that we accept whatever the insurance company pays as full payment. You as the patient will be responsible for paying the difference of what we charge and what the insurance pays. Most insurance plans require the patient to pay a deductible, and a portion of the bill.

### ***How Much Will They Pay?***

Once we have the opportunity to verify your dental coverage and obtain an approximate breakdown of benefits we are able to estimate your payment portion based on the information that we receive, but it is **ONLY AN ESTIMATE**. Please understand that we do not have a contract with any insurance company; therefore it is impossible to give you a guarantee of what the insurance company will pay at the time of service. If you want to determine what your insurance will pay then we can file a "pre-treatment authorization" prior to initiating any treatment.

### ***Insurance Didn't Pay, Now What?***

Ultimately, you are responsible for all charges incurred in our office. We file your insurance as a courtesy to you. It is important that you recognize the insurance is a legal contract between **YOU and YOUR INSURANCE COMPANY**. Our office is not and cannot be a part of that legal contract. Remember that dental insurance is designed to assist you with the costs and is not intended to cover payment in full for all dental procedures.

### ***I Thought I Paid My Portion But I Still Owe More, Why?***

We base your estimated out of pocket expense on the benefit verification we receive from your insurance company, but there are many factors that can affect this estimate. There may be an annual deductible that must be met or you may have received care at another office prior to joining our practice. Insurance companies do not provide this information, and therefore we cannot always be exactly sure of the amount that the insurance company is going to pay on your claim.

### ***What Is UCR?***

UCR stands for Usual, Customary and Reasonable. It is a term created by insurance companies to define what they are willing to pay for a particular service or procedure. This amount might be the same as the fees charged by Desoto Family Dental Care or they might be different. Therefore, you might owe Desoto Family Dental Care the difference of what we charge and what the insurance company finds usual, customary and reasonable. Likewise, they might pay more than our fees and you would have a credit on your account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**460 Byhalia Road Hernando, MS 38632 662-429-5239**  
**www.desotofamilydentalcare.com**