

Office and Financial Policy

Thank you for choosing the office of Dr. Karen S. Katz for your dental needs. Our primary mission is to deliver the best and most comprehensive dental care available and to your complete satisfaction. An important part of our mission is making the cost of optimal care as manageable for our patients as possible. We are committed to providing excellent dental service to all our patients. Our fees reflect our team's level of expertise and the quality of care we deliver.

Payments

We offer several payment options for your convenience:

- We accept Cash, Check, Visa, MasterCard, Discover, and American Express.
- We offer convenient monthly payment options for large ledger balances.
- Any returned checks will incur a \$25 handling fee.

Insurance

- Our office is committed to helping our patients maximize their benefits. Dental insurance is becoming extremely complex. We are always available to answer your questions. Nevertheless, your insurance policy is an agreement between you and your insurance company. As a dental provider, we are not party to that agreement. As a courtesy, we are happy to work with your carrier to maximize your benefits.
- Any insurance information we provide, is strictly an estimate. We will attempt to verify eligibility before your appointment, but this is not a guarantee of payment from your insurance company.

Missed Appointments

- We value your time, as well as ours. When our office books your appointment, we are setting aside a dedicated chair and time slot just for you. If you must reschedule your appointment, we ask for at least 24 hours' notice. This courtesy makes it possible to give your reserved time slot to another patient who would be more than happy to accept. Therefore, there is a fee of \$65 per hour for patients who cancel last minute or do not show up for their scheduled appointment.

Financial Consent

- The patient (account holder) agrees to be fully responsible for total payment of treatment performed in this office. I understand that I am responsible for all dental treatment not covered by my insurance company. Furthermore, I authorize the office of Dr. Karen S Katz to affix my name to any insurance claim forms relating to me or my dependents for payments directly made to the office listed above. A photocopy of this document may act as an original.

HIPPA Compliance

- The HIPPA policy was made into federal law to protect patient information from being disclosed or sold to companies. Dr. Katz's office will use your health information only for the purpose of providing treatment, obtaining payment and conducting healthcare operations within our office. By signing this form, you are aware of this confidentiality agreement between you and our office.

I understand and agree to this office and financial policy.

Signature: _____

Date: _____