OFFICE POLICY

AFTER HOUR EMERGENCIES
Please text our office at 301-972-5000 or email us at germantownds@gmail.com. We check our messages regularly and will try our best to address your concerns ASAP.
DENTAL RECORDS
If you are transferring to another dental office, you will need to sign the x ray release form. There is a **$20 fee/patient** for processing your request. Once payment is made, please allow one week to process your request.
DENTAL INSURANCE POLICIES
Although we submit claims to your insurance there is **no guarantee of coverage until payment is made**. We try our best to give estimates as accurate as possible however it is **only an estimate**, any difference is **patient's responsibility**. Any services not covered by insurance is **patient's responsibility**. If you have a remaining balance, we will send a text message with a payment link. Invoices will be emailed at patients request. If you want a copy of the bill mailed, there will be a $2 mailing fee. **A portion of the estimate amount is due at time of scheduling**.
FINANCING
We offer financing for your dental treatment through **CARE CREDIT**. You can apply from our office or at home. **WE DO NOT DO DIRECT FINANCING FROM OUR OFFICE**.
Finance charge of 2% will be applied monthly to any balance 30+days. We will attempt to reach you by phone, text, or mail. Your account will be sent to collection after 3 months. You will be responsible for collection charges, and automatically dismissed from our office.

APPOINTMENT POLICY

Our priority is our patient's dental health. We try our best to confirm your appointments by text or call however it is ultimately **patient's responsibility** to keep their scheduled appointment. Appointments are in high demand and your early cancellation will allow another patient access to timely care. We ask our patients give us 48-hour notice if they cannot keep an appointment. This allows us time to fill our schedule with other patients who may be waiting.
Policy and Fees:
- Appointments must be cancelled/rescheduled 48 hours prior to appointment time
- There will be no charge if you cancel/reschedule an appointment within 48 hours
- There is a $50 fee for last minute cancellation/rescheduling per patient
- Late arrivals may be subject to $50 fee per patient if rescheduling is needed
- Fees must be paid before scheduling next appointment

Failure to give notice:
- Patient will be responsible for full procedure fee for failed appointments/no shows
- If you miss 2 appointments the doctor will have the right to dismiss you from our office.

By signing below, you acknowledge that you have read and understood the Office AND Appointment Policy for Germantown Dental Service

Patient's Name (Please Print): _____

PATIENT/GUARDIAN SIGNATURE: _____DATE: _____

ACKNOWLEDGEMENT OF PRIVACY PRACTICE (HIPAA)

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

Provide and coordinate my treatment among several health care providers who may be involved in that treatment directly and indirectly.
Obtain payment from third-party payers for my health care services.
Conduct normal health care operations such as quality assessment and improvement activities.

I have been informed of my dental provider's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices*. I understand that my dental provider has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices.*

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Germantown Dental Service is responsible for protecting patients, employees, and visitors from unauthorized photography/audiotaping/videotaping, etc.
Photographing patients, staff, or office with any photographic, video device or cell phone is prohibited and considered a violation of HIPPAA.

Please avoid having phone conversations in office.

Patient's Name (Please Print): _____

Patient/Guardian Signature: _____ Date:_____

We can share your information with:

Name: _____ Relationship: _____

Contact number: _____