

Northbridge Dental Financial Policy

In order to accommodate the needs and requests of as many patients as possible, Northbridge Dental accepts numerous insurance companies. While we are pleased to be able to provide this service to you, it is not possible for our staff to keep track of all the individual requirements of each plan. Every plan has different stipulations regarding access to care and payment for services received. Within the same insurance company, benefits may differ depending upon what type of contract your employer negotiated with that carrier on your behalf.

Providing quality dental care for our patients is our primary concern.

We appreciate our patients keeping us informed at the time of service by letting us know what your insurance guidelines are. We ask that when you have insurance you make us aware of it so we can get a benefit breakdown before your visit, whether you are a new patient with our office or a current patient that has an insurance change. Northbridge Dental personnel cannot interpret your benefits. We are expected and obligated to provide quality care to insured people but it is the insured person's responsibility to understand their benefits.

Please note that we require a 48-hour notice for all broken appointments so we can offer the time we saved for you to another patient that is waiting to see us. **Office policy requires us to charge a \$50 cancellation fee if these requirements are not met; especially for Saturday appointments.** Saturday Broken appointments incur a charge of \$75.00.**There is a \$25 fee for copies of x-rays.

If you do not inform us of any special requirements in your insurance contract, *such as pre-authorization for treatment* and we subsequently order services that are not covered, we will have no choice but to bill you directly for those charges. In the event that services are provided and your insurance coverage is not in effect on that day, or if your contract contains a pre-existing clause, your insurance carrier will probably deny payment for services received.

Please remember that you, the patient, are ultimately responsible for the payment on your account.

Parents accompanying their children are financially responsible for payment.

I understand that the portion of insurance and patient benefits can only be provided as an estimate and as such, the amounts may vary. I agree to pay all fees not covered by my insurance carrier promptly.

With your cooperation and help, you should be able to receive all of the benefits offered to you, and we will be able to concentrate on caring for your dental needs.

I HAVE READ AND UNDERSTAND THE OFFICE POLICY STATED ABOVE AND AGREE TO ACCEPT FINANCIAL RESPONSIBILITY AS DESCRIBED.

Patient and / or insured party

Date

Attention:

We do verify insurance coverage, however,

If you are uncertain of your remaining benefits and allowable/billable procedures; please contact your insurance company or Human Resource Department.

Also, please note that filing insurance is a courtesy that we provide for our patients, we are not required to do so.

We apologize for any inconvenience.

I _____ have read and understand the office insurance policy stated above and agree to accept responsibility as described.

Signature: _____ **Date:** _____

Northbridge Dental P.C.

10955 Jones Bridge Rd. Suite 129 Alpharetta, GA 30022
(678) 319-0210

**Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patient Name & Address: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared By _____

Signature _____

Date _____
