

HIPAA CONSENT and AUTHORIZATION FORM

Patient Name: _____

I give this practice my consent to use or disclose my protected health information to carry out my treatment, obtain payment from insurance companies, and for health care operations like quality reviews.

I have been provided the opportunity to review the practice's Notice of Privacy Practices for a complete description of uses and disclosures before signing this consent.

I understand this practice has the right to change their privacy practices and that I may obtain any revised notices at this practice.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that the practice is not required to agree to the request. If the practice agrees to my requested restriction, they must follow the restriction(s).

I authorize Bernier Dental to release protected health information and confirm appointments that pertain to me in the event I am unable to be reached by the practice, to the following individual(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that I may revoke this consent at any time by making a request in writing, except for information already used or disclosed.

I also understand that I may add / change/ remove names from the authorized list at any time by making a request in writing.

Signature: _____ Date: _____

DENTAL INSURANCE AND FINANCIAL ARRANGEMENTS

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by the Office.

If you have dental insurance we will work hard to help you receive your maximum allowable benefit. In order to achieve this goal, we need you to take the necessary steps to understanding your insurance plan. There being so many different providers and plans, it is impossible for us to know all of our patient's benefits. It is very important for you as a dental insurance policy holder, to be aware of the plan benefits, deductibles, and exclusions. Plan benefits can be obtained by calling your dental insurance company. We will gladly discuss your proposed treatment and answer any question that you may have relating to your insurance. You however, must be aware that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Most insurance companies have a yearly deductible that is your responsibility to pay
3. Most insurance companies only pay a percentage of the cost (such as 50% or 80%) and you will be responsible for the remainder.
4. Not all services are a covered benefit in all contracts. It is important for you to contact your insurance provider and ask if there are any clauses, or waiting periods.
5. As a courtesy to you, our office will submit claims to your insurance provider. If for any reason the claims go unpaid, you will be responsible for all charges.

If you have any questions regarding this information, or any uncertainty regarding insurance coverage please ask us, we are here to help you in any way we can.

I _____ AM FINANCIALLY RESPONSIBLE FOR ANY
AND ALL CHARGES ON MY ACCOUNT.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

SIGNED _____ DATE _____