



## Gregg Liedtka DMD PLLC

**Thank You for choosing our office.** We are committed to giving every effort resulting in successful treatment for you and your family. We emphasize prevention, and conservative restorative procedures resulting in beautiful smiles and a functional, healthy mouth.

### Patient Privacy Statement

All Healthcare providers who transmit information in electronic form are required to comply with the health Insurance Portability and Accountability Act, or HIPPA. The Act contains provisions that cover privacy and security of healthcare information and standardize transaction codes for dental procedures when submitted for reimbursement via electronic means.

The American Dental Association Member Dentists and their staffs have been, and will continue to be bound by professional standards of confidentiality that are even more than is required by law to ensure that your privacy is adequately protected.

We do not disclose personal information obtained in the course of practice except as required or permitted by law. Permitted disclosures include providing information to our employees, dental specialists, dental laboratories, consultants, accountants, or other administrative professionals. In all such situations we stress the confidential nature of the information being shared on your behalf. Our contracts with our business associates require that they take any necessary steps to insure your privacy.

Record Transfer Requests will be honored within 10 days of a signed release of information form. Standard fees may apply.

**Your privacy is important to us. Thank you for your trust.**

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*Signature of Acknowledgement*                      *date*                      *Pt. Refused to sign (witness)*                      *date*

### Appointment Policy

We ask that you give us as much advance notice as possible to changes in scheduled appointments 24 hours notice is required to avoid a \$35.00 missed appointment fee. It is your responsibility to keep us informed of any changes in contact information.

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### Payment Policy

- \* We expect full payment or co-payment at the time of services.
- \* A 10% discount from our primary fee schedule will be given for full payment in cash.
- \* NSF fee is \$35.00.
- \* If financing is needed please ask for our financing options information before any treatment is scheduled.
- \* Accounts in arrears for more than 60 days will be considered delinquent and (at our discretion) referred to an outside agency for collection.

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### Insurance Information

- \* We will help you understand your Insurance plan
- \* We will forward your claims to your Insurance Company as a courtesy for you
- \* You will be asked to pay the full balance of your account if there is a delay by your insurance Company for more than 60 days.
- \* Although some procedures are not covered by dental insurance, we will recommend the necessary treatment for your dental needs
- \* It is your responsibility to inform us of any changes in your insurance.
- \* *Arbitrary usual and customary fees submitted by insurance companies do not apply.*

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