



HDA Policies

Our goal is to provide you with the best and most efficient dental care that we can. In order to achieve our goals and minimize escalating administrative costs, we ask for your understanding and cooperation regarding the following payment/insurance policies. By signing this document you are confirming your understanding and agreement to abide by them.

Financial Responsibility: I agree to pay the established charges for all services provided to me and my dependants.

Payment: At the time of service, I agree to pay all co-payments, insurance deductibles, and other services not covered by my insurance carrier(s).

Insurance: I agree to obtain the correct insurance information and notify you of any changes to that information. If I do not have a valid insurance policy I agree to pay for the charges incurred at the time of my visit.

I understand that my insurance contract is between my insurance company and myself. Therefore, it is my responsibility to know my benefit package and to abide by the terms of that contract.

Appointments: There will be a \$25.00 broken appointment fee charge for all broken or cancelled appointments with less than 24 hours notice.

Photographs: I do ____ I do not ____ give permission for photographs and other audio-visual and audio-graphic material to be used by the doctor for marketing and/or education-promotion purposes. The photographs or accompanying material will not contain my name or any other identifying information. Please note that clinical photographs will be taken as necessary as part of your dental treatment records.

If you have any questions please ask to speak with a member of our front desk staff.

I have read and understand the above policies.

Patient Signature

Date