



Dr. William Moore General Dentistry

Consents Authorizations, & Releases

Please read and sign the following consents, releases, and agreements.

Patient Health Information: I understand and agree to allow this dental office to use their Patient Health Information for the purpose of treatment, payment, healthcare operations, and coordination of care. A copy of the Notice of Health Information Practices is posted in our lobby and our website for your review prior to signing this consent. If there is anyone you do not want to receive your medical records, please inform our office. By signing this document, my representative, or I acknowledge that I have received William Moore General Dentistry's Notice of Privacy Practices for protected Health Information.

Authorization for Direct Payment of Insurance Benefits to the Healthcare Provider: I hereby assign and direct payment to William Moore General Dentistry of the benefits herein specified and otherwise payable to me but not to exceed the doctor's regular charges for this treatment of surgical procedures. I understand I am financially responsible to the corporation for charges/charged amounts not covered by this agreement.

Protected Diagnosis: Virginia State Law provides that when a healthcare worker is exposed to the body fluids of another person in a manner which may transmit human immunodeficiency virus (HIV – the virus that causes AIDS), such as an accidental needle stick, the patient shall be deemed to have consented to testing for HIV and to the release of the results to the exposed person and the local health department.

Consent to Dental Services: By becoming a patient of William Moore General Dentistry and presenting myself for appointments with the dentist or dental hygienist of William Moore General Dentistry. I consent to and authorize treatment by the qualified care providers of William Moore General Dentistry. Qualified care providers include, but are not limited dentists, dental hygienists, dental assistants, etc. I hereby agree that the care providers may examine me, and that I intend this consent form to cover the entire course of treatment for my present condition and for any future condition for which I seek treatment.

Authorization to Release Information: In obtaining payment for services, I hereby authorize William Moore General Dentistry to release information from my medical records to any company that may be responsible for payment of all/part of my visit and provider charges, including my insurance companies, and their representatives, and my information to this provider for continuing care.

I, or my representative, have read, fully understand and agree to the above statements.

Patient Signature

Date

Policies and Procedures

The following is an explanation of our office policies. We believe that a clear definition will allow us both to concentrate on the most important issue: treating and maintaining your dental health. We will be happy to answer any questions you may have regarding our policies, your account or insurance coverage.

Appointments

In order to better serve our patients, we ask that you cancel your appointment with a least 24-hour notice. Your appointment time is reserved for you. If you fail to notify our office, it leaves a time slot that could have been used to help someone else. William Moore Dentistry understands that extenuating circumstances do arise and will allow one missed appointment in a calendar year. Multiple missed appointments may result in a \$50 charge per missed appointment or dismissal from the office. This amount is not covered by any insurance plan and will be the patient's responsibility. Thank you for your consideration and helping us help others.

Patient Initial _____

Patient Payment Policy

In the event you do not have dental insurance coverage or are under-insured, we are here to serve everyone in the community. We offer affordable payment plans and are always willing to work out a treatment plan that is appropriate to your situation. Payment plans are set-up in our office prior to any procedures, please call our office and speak with Kelly if a plan is needed. Payment for all services, including copays, coinsurance and deductibles, are expected at the time of service unless you on a payment plan.

Patient Initial _____

Our Policy on Dental Insurance

This office is in the provider network for the Delta Dental insurance network. We will be happy to file your primary insurance claim for you and do everything we can to ensure you receive proper reimbursement. However, we cannot take responsibility for what your dental insurance will or will not cover. In the event that your account is not paid and necessitates a collection effort, you will be responsible for any and all fees associated with the collection of your account. In order to facilitate the correct and rapid processing of your insurance claim, we suggest that you contact your insurance company and determine what dental coverage you have on your policy.

Patient Initial _____

Procedure Estimates

We verify insurance benefits based on what is presented in our office. Our office will submit a pre-treatment estimate to your dental insurance carrier for out of pocket estimates. Our office will also attempt to inform patients of dental procedure fees to the best of our knowledge. Unfortunately, this estimate is not always a grantee of cost for dental procedures due to need to amend treatment plans to meet patient goals. It is important that you communicate any insurance changes to our office as soon as possible.

Patient Initial _____

I have read the Policies of William Moore General Dentistry and will honor them:

Patient Signature

Date