

*Maggie A. Kleem, D.D.S.*

**HIPAA  
AWARENESS FORM**

**I hereby acknowledge that I am aware that the office of Dr. Maggie A. Kleem, D.D.S. abides by the policies set forth by the Federal Government's HIPAA regulations, and understand that the comprehensive outline of their HIPAA office policies is available to me upon my request.**

## **MAGGIE A. KLEEM, D.D.S. FINANCIAL POLICY**

We are dedicated to providing our patients with the best possible care and service. It is important to us that you have a clear understanding of our financial policy. If you have any questions, please feel free to discuss it with the front office.

### **PERSONAL PAYMENT OPTIONS**

Patients who are not covered by an insurance plan are responsible for their charges at the time of service. We accept Visa, MasterCard, Discover Card, Care Credit, check or cash.

### **INSURANCE/THIRD PARTY PAYORS**

As a courtesy to our patients, we will bill your insurance company for the charges you incur. Please understand that your insurance policy is a contract between you and your insurance company.

- We will **estimate** your co-pay, which is due at the time of service. *Please understand that any expected payment from your insurance is an estimate only and you are responsible for any portion not covered by your policy.*
- If your insurance company does not pay in full in 30 days, we ask that you contact the carrier to help speed up the claim process.
- If your insurance company does not pay in full within 60 days, we will require you to pay the balance due.
- We will do our best to estimate insurance coverage and patient portions. (We will send pre-estimates for services over \$300 at your request.) If the insurance company does not pay the full amount anticipated, the patient is responsible for the difference.

Once the insurance payment is received, you will be billed for any unpaid portion that your carrier determines as “due from patient”. In the event that your dental plan determines a service to be “not covered”, you will be responsible for the complete charge.

### **BALANCES OVER 60 DAYS**

Balances over 60 days will incur an interest charge of 3% per month and after 90 days, an additional \$5.00 rebilling fee per statement will be charged. Returned checks will have an additional fee of \$30.00 added to the amount of the returned check. Please contact the office manager for more information on any of the above payment options.

### **INTEREST FREE PAYMENT PLAN**

Our practice offers a flexible payment program called Care Credit. With Care Credit, you can start treatment immediately, enjoy low monthly payment and finance up to 100% of the treatment cost, with no annual fees. You can apply online at [www.CareCredit.com](http://www.CareCredit.com) or ask the front office for an application.

## **Maggie A. Kleem D.D.S. Appointment Policy**

Appointment times are “reserved”. This means that we do not “double book” our appointment. This is an advantage to you because it allows you to be seen at a specific time. We respect your time and we make a special effort to be on time.

### **Confirmations**

All appointments must be confirmed 24 hours in advance. We will make a courtesy call the day before your appointment. We also send out text messages, and e-mail reminders, please be sure we have current information on file. We reserve the right to double-book your appointment, if it is not confirmed.

### **Arriving Late**

We strive to see all patients on time for their scheduled appointment. In order to keep our schedule running on time, we will be unable to see patients who arrive late for their appointments.

### **Failed Appointments**

We try to remind patients by telephone, text message, and e-mail prior to the appointments, but **please do not depend on this courtesy**. If a cancellation is unavoidable, please call the office at least 24 hours in advance so that we may give your appointment to another patient. If you do not cancel your appointment within 24 hours or more notice or you do not come to the appointment, we will consider this to be a broken/missed appointment. Broken or missed appointments will be charged a \$50.00 fee per occurrence and must be paid before we can schedule your next appointment.

I have read and understand the appointment policy of Maggie A. Kleem, D.D.S.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

I have read and understand the financial policy of Maggie A. Kleem, D.D.S.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

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Date