

Dear Valued Patients,

Please read over the following information and initial each section. We are available for any questions you may have.

Sincerely,

Dr. Joni MacNeill

_____ Discounts: we will give a 3% discount for those who pay with cash or check and an additional 3% senior discount for those 65 and older. Both of these discounts will only apply to patients who pay at the time of service and who do not have insurance. We save by not having to pay credit card processing fees and not having the cost of sending out billing statements, so we want to pass that savings on to you.

_____ Insurance: We are happy to bill your insurance company for completed treatment in our office. Please provide us with your insurance card and any additional information we will need to be able to do so. It is your responsibility to verify your coverage, advise us of any insurance changes and to know your policy benefits and limitations. We bill all insurance companies, but are not in network with any, so the amount they pay us may be different. By request, we can send in a predetermination of benefits to your insurance company to get an estimate of payment on treatment.

_____ Cancellation Policy: We require at least 24 hours notice that you will not be able to make your scheduled appointment. We reserve the right to charge a \$55 late cancellation or missed appointment fee if you fail to give adequate notice. We understand that schedules change, but we need enough time to offer that appointment slot to another patient who would like it.

HIPPA: Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of this office's Notice of Privacy Practices

Print Name _____

Signature _____

Date _____

For Office Use Only

_____ Individual refused to sign

_____ Communication barriers prohibited the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

Other: _____