

OFFICE POLICY

INSURANCE POLICY

As a courtesy to our patients we are happy to file your dental insurance. We obtain as much benefit information as we can prior to your appointment however it is an agreement between you and the insurance company. Any deductibles and percentages not paid by the insurance are due at the time of treatment. Please keep in mind that you are responsible for any balance after the insurance pays should your insurance benefits pay less than estimated. We will make every effort to work with you regarding any unpaid balance. However once a balance reaches 120 days past due we will have no choice but to seek outside collection options.

Appointments

We are dedicated to staying on schedule and seeing all of our patients on time for their appointment. Please be aware that dental emergencies do arise throughout the day which could delay or extend your appointment. We are committed to treating all dental emergencies and will advise you immediately as to the time status of your appointment.

If you are unable to keep your appointment for any reason please contact the office as soon as possible so that we may offer the appointment time to someone else. We understand there may be emergencies that arise but if appointments are habitually broken at the last minute a fee of \$25 will be charged to your account.

Student Status Updates

If you or a dependent child is over 18 years of age and a full time student, you must keep your student status updated with your insurance company in order for the insurance to pay on your claim. Insurance requires this update each time the semesters change. We ask that you keep this information current so as not to delay claim payment,

Signature

Date

Acknowledgement of Receipt of Notice Of Privacy Practices

You May Refuse To Sign This Acknowledgement

I, _____, have received or have been offered a copy of this office's privacy practices.

Please Print Name

Signature

Date

I give Dr. McKenzie's office the permission to speak with:

Regarding my:

- Treatment
- Diagnosis
- Financial Responsibility
- All of the above

*****For Office Use Only*****

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
- Communications barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (please specify) _____

Dr. Scott and Michelle McKenzie*3700 Ridge Rd, Buford, GA 30519*678-714-7541