

Financial Policy

Insurance Patients:

1. A signed/completed insurance form is required for each patient once per year.
2. Patients who carry Dental Care Insurance please note that professional services rendered are charged to the patient, and not to the insurance carrier.
3. This office will file, but cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. You are responsible for payment of your account within the limits of our credit policy.
4. If your insurance has a deductible, the deductible is due as services are rendered.
5. You will receive a statement showing your balance. This balance is due within 60 days. If necessary, payment arrangements may be made on the balance due by contacting the office.
6. If payment arrangements are made, a monthly or bi-monthly payment will be required. Failure to make payment under agreement guidelines will result in collection action, the costs of which are charged to the patient.

Non-Insurance Patients:

1. Payment for services is due at the time of treatment or within 30 days of receiving a statement showing a balance due.
2. If necessary, payment arrangements must be approved by the office prior to rendering treatment.
3. If payment arrangements are made, a monthly or bi-monthly payment will be required.
4. Failure to make payment under agreement guidelines will result in collection action, the costs of which are charged to the patient.

(Must be signed)

Signature: _____ Date: _____

Print Name: _____

Hub Dental Clinic, PC
655 Walnut Street, Suite 134-B
Des Moines, Iowa 50309

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

***You May Refuse to Sign This Acknowledgment ***

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

Please Print Name _____

Signature _____

Date _____

For Office Use Only

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

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgment
 - An emergency situation prevented us from obtaining acknowledgment
 - Other {Please Specify}
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THIS SHEET IS TO BE SIGNED AND RETURNED TO HUB DENTAL CLINIC.