

HIPAA LAWS (Health Insurance Portability and Accountability Act): Please Read and Sign

I) I give authorization to disclose protected health information for special purpose. I may revoke this authorization at any time by written notice, 2) Signing this authorization is not a condition of treatment. 3) There is a possibility of redisclosure by a referral recipient, 4) I have had the chance to read and think about the content of this authorization form and agree with all statements made, 5) By signing I confirm my authorization for use and disclosure of the protected health information given to this office with patient insurance companies and referring doctors, 6) I have been given a "Notice of Privacy" to read which describes how medical information about me may be used and disclosed and how to get access to that information, 7) We routinely use your health information inside our office for these purposes without any special permission. By signing you authorize disclosure of your health information outside of our office for treatment, payment or health care operations, 8) I agree with uses and disclosures for other reasons without permission as described in the HIPAA manual presented for my review at Mohip Dental & Associates, 9) I understand my right regarding my health information from the material presented to me at Mohip Dental & Associates, 10) I understand that the staff of Mohip Dental & Associates abide by the terms of the "Notice of Privacy Practices", but reserve the right to change the notice at any time as allowed by law, 11) HIPAA complaints have been adequately described in the material presented.



Our dedicated staff is eager to help facilitate your dental care, including the filing of your insurance.

I Have Read The Office, Financial HIPAA and Insurance Policies:

Nobody likes to discuss finances, but it's an important part of all of our lives! It's important to discuss finances at the onset so that misunderstandings do not occur in the future.

I have read and understand the financial, insurance, office and HIPAA policies of Mohip Dental & Associates of Wellington. I understand that no treatment shall be undertaken without a diagnosis and treatment plan and a frank discussion of options. I understand that the staff and doctors of Mohip Dental & Associates will not begin any dental treatment which I have not authorized.

Mohip Dental & Associates

"Defining the Art And Science Of Dentistry"

Patient Name: _____ Signature: _____ Date: _____

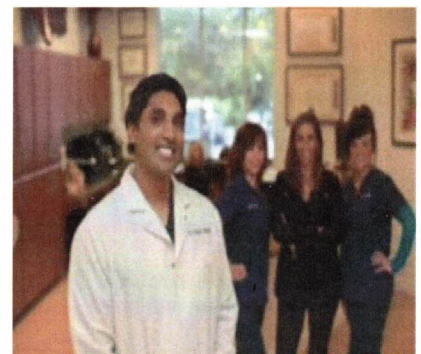
Welcome to Our Practice

Our only goal is to provide you with excellent, painless, state-of-the-art dental care at an affordable price.

Our entire staff is committed to your happiness and well-being! We always welcome your comments on how we've made you happy or welcome suggestions on how to improve our care.

From Doctor Mohip, and the entire staff...welcome to

our office!





Office, Financial and Insurance Policies

Mohip Dental & Associates
of Wellington

MohipDental.com

Office Policies

Welcome to our office! Our hours have been designed to provide our patients with convenient scheduling. We believe strongly in the value of your time and will do our best to keep you from having to wait. Please understand that some- times painful, unexpected emergencies require the doctor's immediate attention. We ask for your patience in these circumstances. Our staff will make every attempt to contact you in advance if this occurs.

We would appreciate 24 hour notice if you find it necessary to change your appointment. This gives us the opportunity to better manage our schedule for the convenience of all our patients. Persistent failure to keep your scheduled appointment could result in a charge...so please be courteous.

Just as we cannot treat illnesses over the telephone, we cannot prescribe medications over the phone. Medications will only be prescribed during regular office hours. No drugs or medications

are kept in our office.

YOUR INSURANCE

Our office accepts all forms of indemnity insurance excluding HMO plans and most Workman's Compensation and Medicare. Patients whose insurance has been verified and whose deductibles have been met are expected to pay their portion of the charges not covered under their policy at the time services are rendered. You will be responsible for the total of your bill until your deductible has been met. All patients may take advantage of a **5%** courtesy if your treatment is paid at the time of service by check or cash. We are happy to file your claim free of charge. However, accounts past-due 60 days are subject to a billing charge or 1.5% interest per month (whichever is greater). It is your responsibility to monitor the status of your outstanding claim. Having insurance does not absolve you of your financial responsibility to our office. Charges not paid by your insur-

ance company are your responsibility! Additional information requested by your insurance company (such as narratives and duplication of x-rays) may incur an additional fee.



Ask about our CEREC 3-D Technology...All ceramic, highly cosmetic restorations made in the office with no lab waiting time!

Financial Policy

All Patients (or their legal guardians) are responsible for 100% of the incurred charges whether you have insurance or not. Payment is expected at the time of service. Uninsured patients are expected to pay 100% of the charges on the day of their visit. We offer a variety of convenient payment plans: 1) A 5% courtesy is offered to patients who pay for their services in full by cash or check at the time ser-

vices are rendered., 2) Payments may be made by most major credit cards (although courtesies will not apply when paying with credit card), 3) Checks are accepted, however a service charge will be applied for returned checks (no further appointments will be scheduled with outstanding, returned checks), 4) While we are not in a position to finance your dental care, we offer a number of third-

Party payment plans. Ask a member of our staff for an application if you are interested! 5) Accounts past-due 90 days are considered delinquent and subject to interest charges, collection costs and attorney fees. No further appointments will be scheduled. We have developed this policy to curtail the cost of your care. We ask that you comply with your financial responsibilities to our office.

Information About

<i>Office Policies</i>	1
<i>Insurance Policies</i>	1
<i>Financial Policy</i>	1
<i>HIPPA Consent</i>	2
<i>Signature Page</i>	2



Helping to Facilitate Your Dental Care:

- We file your insurance at no charge
- We offer you 60 days interest free while waiting for your claim
- All patients are eligible for a 5% courtesy for payment at the time of service
- All major credit cards are accepted
- Payment plans available for those who qualify!