Mark S. Riederer D.D.S. LLC

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Financial Policy and Notice of Privacy Practices

Welcome to Mark S. Riederer D.D.S. LLC. We are pleased you have chosen us for your dental needs. Our dedicated billing staff is here to assist you with your account and help with any insurance issues you may encounter. We make every effort to keep down the cost of your dental care. Our fees are determined by the complexity of the procedure, time involved and the fee that is usual and customary for our area. We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions at all.

Self-Pay Patients All Self-Pay patients and patients who present without proof of insurance are required to pay the full amount for services rendered in cash, check, money order, or credit card at the time of service. Failure to bring your expected payment may result in having to reschedule.

Patients with Dental Insurance Please bring your insurance information to every appointment and tell us when there are changes. We submit claims to all U.S. companies as a courtesy, however if we are not a contracted provider with your insurance company (i.e. out of network), we are not required to comply with their fee schedule, in which the patient is then responsible for the remaining amount.

If your insurance requires pre-authorization or a referral for any services, it is your responsibility to notify us in advance and/or obtain the referral.

Your insurance **requires** that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit. Without it, you may be required to reschedule.

Forms of Payment We accept VISA, MasterCard, Care Credit, personal check, money order and cash. There is a $30.00 fee for returned checks.

Outstanding Balances Mark S. Riederer D.D.S. LLC reserves the right to utilize a third party collection agency for account balances not settled in a timely manner. Failure to keep your account current may result in dismissal from the practice.

No Show Policy Please give us 24 hours notice if you are unable to keep your appointment. **"No Shows" may be charged $75.00.** We will remind you of your appointment prior to that 24-hour notice.

Financial Responsibility and Authorization to Treat I have read and understand the financial policy of Mark S. Riederer D.D.S.LLC, and agree to comply with the financial policy. In addition, I authorize Mark S. Riederer D.D.S. LLC to furnish and/or release any information necessary to insurance carrier, third party administrators, self-insured plan administrator, and/or other health benefit payer representatives in order to process dental care claims incurred at this office or for utilization review or quality assurance. I hereby authorize and direct my insurance benefits to be paid directly to Mark S. Riederer D.D.S. LLC.

The signature below also serves as authorization for dental treatment by dentists, dental assistants or hygienists utilized by Mark S. Riederer D.D.S. LLC for the named patient and for Mark S. Riederer D.D.S. LLC staff to get information about me from any medical care provider and give information about me to any medical care provider to assist with my care and treatment.

Name of patient (Please Print)

Parent or Authorized Representative (Please Print) Legal Relationship

Patient Signature (or Representative/Guardian) Date

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the notice, which details how the patient's Personal Health Information may be used and disclosed as permitted under federal and state law.

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Patient Signature (or Representative/Guardian) Date