



Makefield Dental Associates

JEFFREY A. SIBNER, DMD

Dear Valued Patient;

While you are in our office, you are our honored guest. We will respect you, your feelings and your time. In order for us to treat you in this fashion, we need your help and cooperation.

We are an on-time office! Because your time is valuable, we make every effort to run on schedule – more than 90% of our patients are seated within 10 minutes of their appointed times. Of course, we cannot do that without you! Please make every effort to be here at your scheduled time.

Fee for last minute cancellations. When you schedule an appointment, we reserve the time slot that you select exclusively for you. Please schedule with care! Missed appointments or last minute cancellations prevent us from scheduling other patients who are anxious to be seen. For this reason, a fee of \$35 per hour, will be levied for missed appointments or cancellations made without one full business day's notice.

Confidentiality. Our office is HIPAA (Health Insurance Portability and Accountability Act) compliant. We have many systems in place to guarantee that your records are kept in the strictest confidence. Our laboratories and insurance carriers have agreements with us to keep your information confidential as well. Please be aware that if you need records or X-rays sent or given to anyone other than your insurance carrier, we will need your written consent first. Government regulations require that you acknowledge receipt of this notice. See below.

Insurance Reimbursement. We accept insurance payments from insurance companies that are willing to pay us directly. If you prefer to begin your work without a formal preauthorization from your insurance carrier, please remember that our estimates of your benefits are just that – estimates. Any difference between our estimates and what your insurance company ultimately pays is your responsibility.

Billing. The high cost of billing leads to higher fees for our services. To keep these costs down, payment is due at the time services are delivered, unless prior arrangements have been made. We understand that money can often be an issue, and we would be glad to work with you to make your care affordable.

I acknowledge receipt of Dr. Sibner's office policies regarding billing, insurance reimbursement and confidentiality.

Signature

Date