Our Financial Policy

We are committed to providing you with the best possible care, and we are please to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship.

- All patients must complete our "Patient Information Form" before seeing the doctor.
- If you have insurance, we will file the claim, however your co-payment/percentage is due at the time of service.
- PAYMENT IS DUE AS SERVICES ARE RENDERED.
- We accept Cash, Check, MasterCard, Visa, American Express and Discover.
- Service fee for returned checks is $30.00

MINORS ACCOMPANIED BY AN ADULT
The adult accompanying a minor, and his/her parents (or guardians), are responsible for full payment at time of service.

UNACCOMPANIED MINORS
The parents (or guardians) are responsible for full payment. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan or to Visa/MasterCard/American Express/Discover, or paid by cash or check at time of service.

REGARDING INSURANCE
If you have insurance, we will help you receive maximum benefits. Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. (We will inform you if we are a party to your insurance contract, and will handle your claims according to our agreement with the insurance company, if one exists.) **We file insurance claims as a courtesy to our patients**. If insurance benefits are applicable, the responsible party is liable for any portion of the treatment fee which the insurance company does not cover for any reason. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. You are responsible for the timely payment of your account.

If your insurance company has not paid the FULL BALANCE within 45 days, you have 15 days to pay the balance. Finance charges are added to unpaid accounts after 60 days of date of service.

MISSED APPOINTMENTS
Unless cancelled at least 24 hours in advance (48 hours for appointments on Saturday), our policy is to charge for missed appointments at the rate of $25.00. Please help us better serve you by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

_____   _____

Patient/Responsible Party Signature   Date

Notice of Privacy Practices Acknowledgement
The Airway Dentists
18718 University Blvd
Sugar Land, TX 77479

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

1   Conduct, Plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
2   Obtain payment from third-party payers
3   Conduct normal healthcare operations such as quality assessments and physician certifications

I acknowledge that I have received your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

I attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below: