

## OFFICE POLICIES

Thank you for choosing our office to serve your dental needs. We are dedicated to providing you the highest quality dental care as well as a pleasant, professional experience.

### INSURANCE INFORMATION:

In order for us to provide that care, we will be happy to help you maximize your insurance benefits by submitting your claims for you. We will make every attempt to get an outline of dental benefits that your insurance provides, but will make no guarantee of payment for services. If your insurance company has not paid a claim in 90 days it will become the responsibility of the guarantor. We will continue to aid you with any necessary documentation that your insurance company is requesting.

I also authorize and direct payment of the dental benefits to be paid to the dental office.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:** We assure you that the privacy of your information is important to us. We are compliant with the HIPAA act and will notify you if any revisions are ever made to this policy.

I have received/been offered a copy of this office's Notice of privacy Practices.

### RECORDS /XRAY RELEASE FORM:

I authorize Dr. Elfring & Dr. Adress's office to release dental records and xrays on me or any family members requested by another dental office or dental specialist referral.

### DEMAND FORCE:

We offer our patients the option to participate in our online patient communication system. Some of the features include:

- Confirm Appointments via Email
- Receive Text Message Appointment Reminders
- Submit Patient Satisfaction Surveys
- Refer your Friends Online

You may opt out of your communications at any time by clicking the unsubscribe link found in the footer of each email or by replying to a text message with "STOP". \* Standard text message rates apply.

Email Address: \_\_\_\_\_ Cell phone # \_\_\_\_\_

We use this information to provide you with excellent treatment.

### Appointment Policy:

We respectfully ask our patients to be prompt and keep their scheduled appointments, as this time is reserved specifically for you. As a courtesy, you will receive a call/email/ text prior to your appointment to verify the date and time of your commitment. We understand that you occasionally will have a last minute emergency, and will understand if that happens. However, normally we require 48 hours (2 business days) notice of any change in your appointment time. Two (2) missed appointments without proper notification to our office may result in a \$50 missed appointment fee, which will be added to your account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_