



HIPAA Consent To Leave a Message

Arthur R. Kremer, DDS

Patient Name: _____ Date: _____
I wish to be called at the following number: _____
Address: _____

Regarding my care and follow-up

I do I do not

Give permission to leave relevant medical information on my answering machine or voicemail.

(These might include: treatment plans, pre-medication, and general Protected Health Information.)

The name(s) of the individual(s) with whom you may leave Protected Health Information are: _____

Financial Policy

Remember: Your insurance is a contract between YOU & YOUR insurance company. It is YOUR responsibility to determine if our office is in network. It is YOUR responsibility to be aware of the frequency limitations of your insurance. If we are not in your network or you exceed your frequency limitations, you will be responsible for the entire balance. We will bill your insurance as a courtesy to you. However, if you have any insurance questions please contact your insurance company first.

Missed appointment Fee: Dr. Kremer's Office reserves the right to charge a fee of \$50.00 for all missed appointments ("no shows") and a fee of \$30.00 for appointments which, absent a compelling reason, are not cancelled with a 24-hour advance notice. No Show fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment. Multiple "no shows" in any 12 month period may result in termination from our practice. *If you are more than 10 minutes late to your appointment, you will be required to reschedule.*

Unpaid balance: If payment is delinquent over 90 days, patient or patient's guardian will be responsible for the collections, attorney, and court fees associated with the recovery of monies due on this account. An additional 30% of any unpaid balance will be charged to the patient or guardian in the event the account is placed for collections.

If you have been turned over to collections in the past and wish to return to our office, we require payment in full before being seen at any future appointments. If you have insurance, your payment will be reimbursed once we receive payment from your insurance.

Uninsured Patients: Payment is due AT THE TIME OF SERVICE. You will receive a 10% discount if you pay in full with cash or check at the time of service. If you are interested in setting up a payment plan please inquire with the front desk.

ALL Co-Pays and Deductibles are due at the time of service.

I have read and understand the financial policy stated above:

Signature of Patient or Parent/Guardian of Minor Date