

PEAK·VIEW

D E N T A L

We at Peak View Dental would like to welcome you to our practice. Dr. Jennifer Sibó and her staff believe in creating vibrant smiles using the most advanced dentistry. Beginning with the overall health of your mouth, we can provide you with the smile that you have always dreamed of having. We would like to provide you with information to make your experience more comfortable.

Financial Policy:

We will be happy to file your insurance and accept assignment of benefits. However, you are ultimately responsible for all the charges that are incurred. We ask that you pay your portion at the time of service. Although we accept all insurances, we are preferred providers for Aetna and Delta. If you are using an out-of-network provider, your insurance company may pay from their own fee schedule, with the difference being an additional out-of-pocket expense for you.

We gladly accept VISA, MasterCard, Discover, American Express, checks and cash. There will be a \$25 fee on all returned checks.

Cancellations:

Each appointment is made especially for you. We try to accommodate your schedule by giving you a choice of appointment times. We respect your busy schedule by trying to see you at your appointed time and finishing your procedures in a timely manner. We ask that you give us 48 hours' notice to cancel your appointment when possible. A \$50 fee will be billed in the event of a broken or cancelled appointment that was not cancelled 24 hours prior to the appointment.

HIPAA Privacy Policy:

In order to comply with the Federal HIPAA statutes, I give my permission or the office of Dr. Jennifer Sibó to:

- Send appointment reminder cards
- Give reminder phone calls
- Leave messages on answering devices and with persons answering the phone
- Contact and obtain necessary information from insurance companies
- Send records and share information with specialists
- Send insurance electronically

I, _____, direct my health care and medical services providers and payers to disclose and release my protected health information to:

Name/Relationship: _____

Patient/Guardian

Date