

OFFICE POLICY
Christine M Saad DDS PC
1202 S. Lapeer Rd.
Lake Orion, MI 48360

Important Dental Insurance Information for our Patients

To understand your insurance coverage can be quite challenging. We will assist you in any way possible to help you better understand your coverage. Unfortunately, there are restrictions on the information that your insurance company will disclose. We encourage you to become familiar with your policy exclusions, deductibles and required co-payments.

OUR COURTESY SERVICE TO YOU INCLUDES:

1. Filing your insurance within 24 hours of your visit and requesting payment of your benefits to our office.
2. Researching your dental insurance plan to advise you of benefits available to you.
3. Re-filing your insurance a second time, within 60 days.
4. Following the American Dental Association guidelines for coding procedures and filing insurance.

OUR EXPECTATIONS OF YOU AS THE OWNER OF THE POLICY INCLUDE:

1. Payment of fees not covered by your insurance plan at the time the service is rendered.
2. Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
3. Taking responsibility for payment if the insurance company does not pay for services rendered.
4. Keeping our office informed of any changes in your insurance coverage or employment prior to your appointment.
5. **GIVING US A 48 HOUR NOTICE IF YOU HAVE TO CANCEL YOUR APPOINTMENT. WE RESERVE THE RIGHT TO CHARGE A \$50.00 CANCELLATION FEE WITHOUT A 48 HOUR NOTICE.**

Please sign below that you have read and fully understand the above policy.

I hereby authorize Dr. Saad to release any information to my insurance acquired in the course of my dental care, and to have benefits paid directly to Dr. Saad. I understand that I am responsible for any unpaid balances.

Signature of Patient/Insured

Date

Acknowledgement of Receipt of Notice of Privacy Practices

Christine M. Saad DDS PC

*** You May Refuse to Sign This Acknowledgment***

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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Christine M. Saad DDS PC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-248-693-5844.
والدكم: رقم (248-693-5844) - برقم اتصل بالمجان لك توافر اللغة المساعدة خدمات في اللغة، انكرت تحدثك أنت إذا بملاحظة
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