Our Office Guidelines

Name:_____

Appointments: We maintain the right to charge for missed appointments. When we reserve time for you within our schedule, it is exclusively for you. We respect your busy schedule and we ask that you have the same regard for us and not allow any failed appointments, late arrivals or cancellations. Repeated failures to arrive at your appointments on time may result in dismissal from our care. If you need to change an appointment, we ask for 48 hours notice.

Insurance: We will accept assignment of your insurance benefits and gladly process your claims for you. We will assist you as much as possible with insurance company benefit information; however, we cannot guarantee that their estimate will be their payment. Any insurance claims remaining unpaid after 60 days become your responsibility and then become due from you within 14 days.

Financial: Please understand that you are ultimately responsible for the cost of your dental treatment at this office, whether insurance pays or not. When your treatment plan is presented, we will give you a copy showing planned procedures, estimated insurance benefits, and your portion which is due at each procedure. We accept cash, checks, Visa, Mastercard, Discover and American Express. Dr. Muller does not offer billing as a payment option. If you need scheduled payments, our office has arrangements with CareCredit and American General Finance to provide lines of credit. They offer some plans without interest. Let us know a week in advance if you choose this method so we can help set it up for you.

We charge a $35 fee for returned checks. If your portion is paid one week in advance, we will deduct a bookkeeping allowance as follows: Cash/check 7%, MC/Visa 4%, Amex/discover 3%. A late charge equal to the highest interest permitted by law will be added to your account on any amount not paid when due. If legal services are used to collect unpaid amounts due on your account, the legal fees and court cost related to collection of your account will become part of your total amount due.

I have read and understand the above.

Signed:_____**D**ate_____

I hereby assign my benefits and give permission for my insurance to send payment directly to Lawrence R. Muller, D.D.S. I authorize release of information related to filing claims.

Signed:_____**D**ate:_____

Privacy Policy:

This office is required by federal law to comply with the Health Insurance Portability and Accountability Act (HIPAA), which among other things ensures the integrity and privacy of your personal health information (PHI). Our notice of privacy practices is displayed in the reception room and you may request a copy of it.

I have □ read □ received □ don't care to see a copy of the notice of privacy practices.

Signed:_____**D**ate_____