

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Purpose of consent: By signing this form, you will consent to our use and disclosure of your protected health information as described in our notice of privacy practices.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. A copy will be made available to you at your request. Our notice provides a description of our treatment, payment activities and healthcare operations, of the used and disclosures we may make of your protected health information, and of other important matters about your protected health information. You may obtain a copy of our Notice of Privacy Practices at any time by contacting us.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If changes are made, we will issue a revised Notice of Privacy Practices. Those changes may apply to any of your protected health information that we maintain.

Right to Revoke: You have the right to revoke this consent at any time by giving us written notice of your revocation. Please understand the revocation of this consent will affect any actions we took before receiving your revocation.

I have been given the full opportunity to read and consider the contents of Notice of Privacy Practices. I understand by choosing to accept the Consent form, I am giving my consent to your use and disclosure of my protected health information.

FINANCIAL AND TREATMENT POLICY

Brilliant Dentistry strives to ensure a clear understanding of your financial responsibility with respect to the services we provide. These policies apply to all procedures and services provided.

No Insurance

If you do not have insurance, we will collect in full at the time of service. Our practice offers payment options such as discounts and resources to obtain payment plans. Please see our staff for more information on these options.

Insurance

Claim Filing: As a courtesy to you, we will file your claim with your dental insurance company. Any payment that remains is your responsibility. We do not enter disputes over insurance benefits. We bill insurance in accordance with all federal, state and other contractual requirements in cases where we have an agreement or we are a participating provider. As a dental provider, we do not participate with or have the capabilities to submit claims to any medical insurance policies. We expect payment in full from you if your insurance company delays processing of your claim for over 60 days. You agree to be financially responsible for any portion of the charges incurred not covered by insurance policy. If your insurance company sends payments directly to you, it is your responsibility to submit payment to Brilliant Dentistry.

Down payments: We have carefully calculated down payments for any services that will be submitted your dental insurance. We require these payments at the time of service, and reserve the right to refuse treatment if payment is not provided.

Payments: We accept cash, check, Visa, MasterCard, Discover, American Express, Lending Club and CareCredit.

*There may be additional charges to your office visit if procedures completed changes during your visit.

Signature: _____

Date: _____