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FINANCIAL AND OFFICE POLICIES

Due to the ever changing demands of healthcare plans, Five Star Dental has been forced to modify its office policies. This is so that we may continue to provide you the patient with the highest quality dental care possible.

Please read this document thoroughly. It contains important information relating to payment and scheduling.

- 1. Please present your insurance card at each visit. Please also notify us if your address or phone number has changed.
- 2. Your co-pay is expected to be paid at the time services are rendered. You might be rescheduled if you cannot pay your co-pay, deductible, or any outstanding balances from a previous visit. These charges are solely your responsibility.
- 3. In the event that you have questions, request, or concerns relating to your insurance coverage, we will strive to provide you with any necessary documentation you may need. Please note; however, that we will not enter into any disputes with your insurance company with regards to any claim filed by Five Star Dental or yourself, the patient.

By signing this document, you are authorizing Five Star Dental to submit insurance claims on your behalf. Please be aware that this service is provided as a courtesy to you, our patient, and that you will be financially responsible for all services that are not paid in full once the dental claim has been processed (regardless of any denial or other delay as a result of the Insurance Company's actions). If you default on your account for any reason, all interest, collection cost, and legal fees will be your sole responsibility. Five Star Dental will assess a 25% late fee after three (3) attempts have been made to collect unpaid balances. It is your responsibility to ensure that your records are accurate and current (including changes in mailing address, names, and phone numbers). By signing this document, you authorize Five Star Dental to release any information necessary to secure payment.

SELF PAY & NON-PARTICIPATING INSURANCE

All self-paying and non-participating insurance patients **must pay in full** at the time of visit. You are welcome to file your receipt from Five Star Dental in order to seek reimbursement from your insurance company. We cannot; however, file those claims to non-participating insurance companies for you.

HIPAA: HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT

Five Star Dental will use your health insurance information to secure payment. A claim may be sent to you or a third-party payer. Please note that this information (on or accompanying the bill) may include information that identifies you, as well as your diagnosis, procedures, and supplies used during the course of your treatment.

LATE CANCELLATIONS / NO SHOWS / RETURNED CHECK POLICIES

If you need to cancel or reschedule your appointment, please do so 24 hours BEFORE your scheduled appointment time. Failure to do so will result in a **\$40.00** "No Show" fee on your account. Returned checks are subject to a \$20.00 service fee.

We thank you for your patience, understanding, and for choosing Five Star Dental for your oral health needs.

Please sign below to indicate that you have read, understood, and agree to this financial policy.

X _____
SIGNATURE of Patient or Responsible Party

X _____
PRINT Name of Patient or Responsible Party

Date: _____