Sonya G. Morgan DDS, Inc. - 8/3/2020

Step 1

OFFICE POLICY

PAYMENT is required at the time any services are provided. Our office does not provide any type of payment plan. Patients may pay by cash, check, VISA, MASTERCARD or DISCOVER. If some type of extended financial arrangement is needed, this will need to be discussed PRIOR to the start of any treatment. Third party financing options are available. It is customary and required that we receive 24 hours notice if you are unable to keep your reserved appointment time. Any missed appointments without a 24-hour notice will be subject to a $50 FEE PER HOUR OF SCHEDULED TIME MISSED.

I have read the above conditions regarding the office policy of this dental office and agree to their content.

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 inforn1ation to cany out treatment, payment activities, and healthcare operations. NOTICE OF PRIVACY PRACTICES: You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the 4ses and disclosures we make of your protected

Relationship to Patient:	**By checking this box, I give consent for use and disclosure of health information.**

Acknowledgement of receipt of notice of privacy practice

By checking this box, I acknowledge receiving a copy of this office's Notice of Privacy Practices.

Insurance

Our office is pleased that you have dental insurance to help you cover your dental expense. As a courtesy to our patients, we will be happy to file your dental insurance for you. Please understand that we do not work for the insurance companies. We work I00% for you. The patient will pay the co-payment (the amount not covered by the insurance company) at the time any services are provided. Patient must understand that the amount that they are asked to pay is just an ESTIMATE. If an insurance payment is not received within 60 days, we may request the patient to pay the balance due; and-they can seek reimbursement from the insurance company. We will provide you with any information that is required such as x-rays or written reports. We will perform our routine insurance billing procedures upon verification of coverage.

I have read the above conditions of treatment and payment and agree to their content.

Patient Signature