

Mill Creek Dental

Nikki H. Chin, DDS

DENTAL INSURANCE AND FINANCIAL ARRANGEMENTS

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff.

If you have dental insurance we will work hard to help you receive your maximum allowable benefit. In order to achieve this goal we need you to take the necessary steps to understanding your insurance plan. Being there are so many different providers and plans, it is impossible for us to know all of our patients' benefits. It is very important for you as a dental insurance policy holder, to be aware of the plan benefits, deductibles, and exclusions. Plan benefits can be obtained by calling your dental insurance company. We will gladly discuss your proposed treatment and answer any questions that you may have relating to your insurance. You, however, must be aware that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
 2. Most insurance companies have a yearly deductible that is your responsibility to pay.
 3. Most insurance companies only pay a percentage of the cost (such as 50% or 80%) and you will be responsible for the remainder.
 4. Not all services are a covered benefit in all contracts. It is important for you to contact your insurance provider and ask if there are any clauses, or waiting periods.
 5. As a courtesy to you, our office will submit claims to your insurance provider. If for any reason the claims go unpaid you will be responsible for all charges.
- If you have any questions regarding this information, or any uncertainty regarding insurance coverage please don't hesitate to ask us, we are here to help you in any way we can.

I _____ AM FINANCIALLY RESPONSIBLE FOR
ANY AND ALL CHARGES ON MY ACCOUNT.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

SIGNATURE _____ DATE _____

Mill Creek Dental
Nikki H. Chin, DDS
15808 Mill Creek Blvd., Ste. 130
Mill Creek, WA 98012
(425) 379-8038
www.millcreekdentalwa.com

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HIPAA ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been offered a copy of Mill Creek Dental's Notice of Privacy Practices. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. It also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Please Print Name _____

Signature _____

Date _____

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the person(s) indicated below:

- ☐ No one
- ☐ Any immediate family member
- ☐ Spouse only
- ☐ Other (Please Specify): _____

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Authorization and Consent

To Send Unencrypted Patient Information by Email and Other Electronic Means

Until I tell you in writing to stop, I authorize Mill Creek Dental to transmit patient information relating to my treatment, health, or payment by email or other electronic means, without encryption or special security precautions, to me or someone I designate, or to other health care providers, health plans and others involved in my treatment, payment for my treatment, or Mill Creek Dental's health care operations. The patient information that may be emailed may include my x-rays, health history, diagnosis, treatment, and payment records.

I understand that:

- I do not have to sign this form.
- My treatment, payment, enrollment and eligibility for benefits will not be affected by my decision about signing this form.
- If I don't sign this form, Mill Creek Dental may use other ways to send my information, such as U.S. Mail, or may ask me to send my information to third parties myself.
- There is some risk that emails and other electronic messages may be improperly acquired by hackers or received by unintended recipients. If that happens, the information may be redisclosed and no longer protected by privacy law.
- Mill Creek Dental does not email such sensitive personal information as Social Security number, credit card number, mental health diagnosis, genetic information, alcohol/substance abuse, or positive HIV status unless the patient insists.

I can tell you in writing to stop emailing my patient information at any time, but if I do so, this will not affect emails that Mill Creek Dental already sent before receiving my written instructions to stop.

Patient name (please print) _____

Signature: _____

Date: _____

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Cancellation/Missed Appointment Policy

We recognize there are times when an appointment is scheduled that you, the patient, has to cancel or postpone.

Our policy requires you to give a 48 business hour notice for any re-scheduled or cancelled appointments.

If less than a 48 business hour notice is given there will be a \$50 late cancellation fee added to your account. Any appointments missed with no notice will have a \$101 missed appointment fee added to your account.

We understand that occasionally a circumstance may arise which can cause missed appointments, but it does leave a void in our schedule that may have been used by another patient. We do not like to do this, however, in order to keep your patient fees lower we need to ensure all patients keep their scheduled appointments.

By signing below you have acknowledged and understand this policy.

Patient Name: _____

Signature: _____

Date: _____

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