



Office Policies

Responsible Party: Is the person held accountable for the patient's bill.

Responsible Party for Children under age 18: (parent or legal guardian) You are required to be in the office while any minor child/ children are being seen/treated. If you would like information on how to authorize additional guardians for future treatment appointments for your child / children, please ask a Patient Care Coordinator for more information.

Notice of Privacy Policy/HIPAA: Your protected health information is important to us. We will ask you to provide information to confirm your identity. You may find our practice's Privacy Policy on our website: www.BrewerDentalCenter.com or we will provide it to you upon request.

Insurance: Insurance is a contract between the Insurance Company and the patient/policy holder. The recommended treatment for the patient is never based on what the insurance company will pay. You as the policy holder/ responsible party are responsible for understanding your insurance policy. As a courtesy we will check your benefits but cannot guarantee services will be covered by your plan. For more information about your insurance benefits, please see a Patient Care Coordinator. If your insurance coverage becomes ineligible or maxed out at anytime, you will be responsible for your remaining balance. If you hold a primary insurance along with Medicaid coverage; we must be notified at the time of your appointment. If we are unable to collect the information needed to submit your claims to Medicaid as the secondary insurance, you may be held responsible for these charges.

Cancellation Policy: A 24-hour notice to cancel or reschedule. When we make your appointment, we are reserving a room for your needs. We ask that if you must change an appointment, please give us at least 24-hour notice. This courtesy makes it possible to give your reserved room to another patient who would like it. We reserve the right to dismiss patients for multiple failed appointments.

Confirmations: Confirmations are made by phone, text or email. If we are unable to contact you because your phone is disconnected, or your voicemail is full Initial or not functioning, we cannot guarantee your appointment.

I understand and I have had the opportunity to ask questions and receive satisfactory and adequate explanations. I accept the above policies:

X _____ (Patient, Parent or Legal Guardian) Date: _____

Notice of Nondiscrimination: Brewer Dental Center does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation, political belief, genetic information, veteran status, culture, social origin or condition, or ancestry in admission or access to, or treatment or employment in, its programs, activities, or services. Likewise, Brewer Dental Center will not tolerate discrimination or harassment because of a person's marriage to or association with individuals in one of the previously mentioned protected classes.