

FINANCIAL POLICY

Our office has always made it a priority to provide the highest quality of care to all patients, with an on-time philosophy. The ability to deliver quality services by highly competent staff using state-of-the-art technologies and materials depends on our patients holding up to their commitments.

1. Patients with Dental Insurance

Dental insurance is a contract of benefits negotiated between employers and insurance carriers on behalf of employees. Our office will attempt to collect benefits from the carrier on your behalf, but we will only submit the same claim two times. Ultimately, you are responsible for the entire fee incurred for all care. We will collect your portion (estimated) on the day services are provided. Cash, checks or MasterCard/Visa are accepted.

2. Self Pay Patients

Fees for dental care will be collected the day initial treatment is provided. Cash, checks or MasterCard/Visa are accepted.

3. Billing

Account balances unpaid after 30 days (accrued from date of service for self pay patients and from date of posting insurance payment or date of 2nd denial for insured patients) are considered delinquent. Delinquent accounts are subject to a finance charge of 18% per annum (1.5% per month). Additionally, our office may choose to send such delinquent accounts to a collection agency or attorney for collections. You will be responsible for all fees, costs, and charges of the collection agency and reasonable attorney's fees associated with collecting your account.

4. Cancellations and Failures

Appointment times are exclusively reserved for each individual patient.

When patients fail to keep scheduled appointments and or cancel with short notice, it denies other patients an opportunity to be seen as soon as possible. This also decreases the office's productivity and efficiency thus forcing up the costs of healthcare for all. To keep treatment fees at a minimum and fair value, it is important to appear for all appointments scheduled or to cancel the appointment well in advance.

Appointments must be cancelled no less than 24 hours prior to your scheduled appointment with the exception of Monday appointments. Monday appointments must be cancelled by 1p.m. on the Thursday before the appointment. This allows the staff time to appoint another patient who desires treatment. Failure to appear/cancel a hygiene appointment will result in an account charge of \$45. Failure to appear/cancel for an appointment with the dentist will result in a charge to your account of \$75 per hour of appointment time scheduled.

The above policies will not affect the vast majority of our patients who are on time for their appointments and pay in a timely fashion. We appreciate the respect they have shown for us and their continuing confidence and trust.

Allisonville Family Dentistry, P.C.
Marc A. Murphy, D.D.S.
5519 E 82nd Street, Suite B
Indianapolis, Indiana 46250

NOTICE OF PRIVACY PRACTICE

This notice describes how health information about you may be used and disclosed and how you can access this information.

Please review it carefully. The privacy of your health information is important to us.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider and their employees providing treatment to you. We may discuss your treatment plan with a specialist or their staff to be reviewed by the specialist if we believe necessary. Our staff will also obtain health information about you and record it in a health record, electronic and or written. In our office, only the staff involved with your care, treatment, scheduling/payment will have access to your records.

Payment: We may use and disclose your health information to obtain payment for services we provide to you and to determine benefits, dates of payment, etc. This includes third party payers, insurance companies, spouses, employers with direct reimbursement, administrators of flexible spending accounts, and collection agencies / attorneys.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, improving efficiencies, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. Unless you object in writing via certified mail to Dr. Murphy, we may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, or your location, your general condition, or death. If you are present, then prior to use or

disclosures of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Controlling Disease: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Legal Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper court order or administrative tribunal, provided that protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.

Law Enforcement Agencies: We may use or disclose the minimum necessary amount of your health information to a law enforcement agency if required by law to do so.

Safety: We may use or disclose the minimum necessary amount of your health information if we believe doing so is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public and other specific circumstances.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes, We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information or inmate or patient under certain circumstances.

Deceased Patient: We may use or disclose the minimum amount of your protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death or to funeral directors to carry out their duties with respect to the deceased individual or another matter authorized by law.

Appointment Reminders, Front Desk and Operatories: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) and when scheduling future appointments and/or making payment arrangements. We will try to minimize incidental disclosures about treatment, scheduling, etc. when you are in the operatory or at the front desk.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to you health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. If you request copies, we will charge you \$ 15.00 for the first 10 pages of patient records and \$.25 for additional pages, if radiographs are copied a reasonable fee will be assessed for record duplication and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes. The following disclosures are exempted from this accounting: Disclosures to carry out treatment, payment and health-care operations; to you, the patient; for incidental uses or disclosures; disclosures made according to your written authorization; for the office patient directory; for national security; for correctional institutions; for a limited adage set; or any disclosure before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide with the address to file your complaint with the U.S. Department of Health and Human Service upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Dr. Marc A. Murphy
5519 E 82nd Street
Suite B
Indianapolis, IN 46250
317-849-5898

Patient/Guardian Acknowledgement of Financial Policy

I acknowledge that I have received the financial policy of Allisonville Family Dentistry, P.C. I have read the policy and agree to abide by the terms.

Patientø/Guardianø signature: _____

Date: _____

Patientø/Guardianø name printed: _____

If you are not the patient, please indicate your relationship to the patient:

Patient/Guardian Acknowledgement Form

I acknowledge that I have received and reviewed the Notice of Privacy Practice of Allisonville Family Dentistry, P.C.

Patientø/Guardianø signature: _____

Date: _____

Patientø/Guardianø name printed: _____

If you are not the patient, please indicate your relationship to the patient:

In case you do not agree to sign this form, our office must indicate why you declined to do so.

Reason for patientø/guardianø refusal: _____

Privacy Directorø signature: _____

Date: _____