

John Freemon, D.M.D., P.C.
209 Creekstone Ridge - Woodstock, GA 30188 - (770)928-0871

Written Financial Policy

Thank you for choosing John Freemon, D.M.D., P.C. . Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Check, Visa, MasterCard, American Express, Discover Card, Cash

We offer a 10% courtesy accounting adjustment to patients who pay for their treatment with cash, check or credit card prior to completion of care for treatment plans of \$400 or more. (Only if regular fees apply).

- NO INTEREST¹ Payment Plans² from CareCredit

Allow you to pay over time with NO INTEREST¹

Convenient, low monthly payment plans² also available

No annual fees or pre-payment penalties

Please note:

John Freemon, D.M.D.,P.C. requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.³ **However, any or all charges that may not covered by your plan is your responsibility.**

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

I/We further agree to pay all costs of collections, including costs of a collection agency if the account is turned over to a collection agency.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval

³However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

HIPPA CONSENT FORM

HIPPA – Notice of Privacy Practice

HIPPA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practice is to explain how John F. Freemon, D.M.D., P.C. may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations.

Though John F. Freemon, D.M.D., P.C. has always taken great care to protect the integrity and confidentiality of your health care information, we are now required by the HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgment that you have received the Notice. Signing below indicates that you have received the Notice of privacy Practice. If you have any questions, please contact our HIPAA Compliance Officer listed below:

Tonya, Compliance Officer
John F. Freemon, D.M.D., P.C.
209 Creekstone Ridge
Woodstock, GA 30188

I hereby acknowledge that I have received a copy of John F. Freemon, D.M.D., P.C. Privacy Practices.

Permission to Share Medical Information

My Medical Information may be obtained and exchanged verbally to: _____
Name/Relationship

Initials of patient/guardian

Permission to Bill Your Insurance

All professional services rendered are charged to the patient. Necessary forms will be completed by John F. Freemon, D.M.D., P.C. to help expedite insurance carrier payments. However, the patient is responsible for all fees, regardless of insurance coverage.

I understand my signature authorizes releasing of the information to the insurer or agency given to John F. Freemon, D.M.D., P.C. for participating health insurance plans.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)