Philip Cornette III, D.M.D.
Financial Policy/HIPPA Notice

Dental Benefits: Dental Benefits are a contract between you and your insurance company. We will file al of your claims as a courtesy to you. We understand the hassles of dealing with an insurance company and we would like to make your experience here hassle-free. We will estimate what your insurance company will pay based on the information they provide to us. Please understand that our system cannot possibly recognize all of the limitations, exclusions and clauses of every insurance company. If you are having a highly valuable procedure done, we encourage you to call your insurance company and have them explain what exclusions, limitations or clauses may be applied to that procedure. Again, we do this as a courtesy for you; therefore, if your dental benefits are less than the amount estimated you agree to be responsible for the services you have received.

Payments: Unless other arrangements are approved by us in writing, the patient portion of your account is due and payable the day services are rendered.

Returned checks: There is a fee (currently $25) for any checks returned by the bank.

No Show fee: Our Patients need the time they have reserved; exclusively with the provider, to maintain optimal oral health. We charge patients who do not show up on time for a reservation, or cancel with less than 24 hours notice a $50 fee. This is to curtail "No Shows: and make sure patients who need to be seen are seen in a timely manner. We also have many patients who are in need of immediate emergency treatment. Those patients can be placed on our schedule if we are given a 24 hour notice in the event that you need to reschedule. Patients with three missed appointments will be asked to transfer their records to another doctor.

Past due accounts: If your account becomes past due, we may have to hand it over to our profit recovery company to collect the debt. We do this so that we can spend the time we have helping our patients get the treatment they need and not collecting delinquent accounts. If we have to refer your account to our profit recovery company, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to aa lawyer, you agree to pay all lawyers' fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Hardin County, Kentucky.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce: The parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

In this agreement the words "you," "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Philip Cornette III, D.M.D. By executing this agreement, you are agreeing to pay for all services that are received.

I also acknowledge that I have received my copy of the office's Notice of Privacy Practices. Initial here: _______

Patients's name: ____

Signature: ____ **Date:** ___________________________________