

Jeffrey B. Van Orman, D.M.D.

Financial Policy

Thank you for choosing The Van Orman Dental Group for your dental health care. We stand committed to the highest quality care possible.

For patients with dental insurance: while it is important to remember that dental insurance is a relationship between the patient and the insurance company, The Van Orman Dental Team will help you process all of your claims because we recognize that this is a cumbersome, time consuming process.

Today insurance companies have a wide variety of rules, plan limitations and exclusions that dental offices are often not informed of. Because of this, it is important to emphasize to each of our patients that we do everything in our power to provide you with the most accurate estimates of your patient portion for all charges. The (estimated) patient portion of these charges is always due at the time the services are provided. Once the insurance company has paid what they view as their portion, this usually brings the patient account balance to zero. In the event that the insurance payment is short of what was anticipated the patient is ultimately responsible to pay the remaining balance. Because the relationship is between the patient and the insurance company, disputes over claims need to involve only those two parties. Because we are the provider, The Van Orman Dental Group will provide all documentation requested by either party. If the insurance company has not made payment within 90 days of service, the unpaid balance needs to be paid by the patient.

CONSENT: I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO MY DENTAL OFFICE.

The undersigned hereby authorizes Doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental condition. I authorize Doctor to perform any and all forms of treatment, medication and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk. I understand that I am responsible for payment for services provided by The Van Orman Dental Group for myself and my dependents.

Privacy Practices

****You May Refuse to Sign This Acknowledgement****

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 to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services 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 the U.S. Department of Health and Human Services.

Contact Officer: Heidi Lefever

Telephone: 503-675-0250 Fax: 503-675-0277

Address: 4900 Meadows Rd, Suite 109 Lake Oswego, Ore. 97035

E-mail: drvdmd@ipns.com

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

† Individual refused to sign:

† Communications barriers prohibited obtaining the acknowledgement:

† An emergency situation prevented us from obtaining acknowledgement:

† Other (Please Specify):

Patient or Responsible Party Signature and Date _____

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