



INTERBAY DENTAL SPECIALISTS

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Welcome to our office.....

Thank you for selecting our office for your dental treatment. We look forward to making your visit pleasant. Our office and procedures have been designed to put you at ease and our staff is devoted to your comfort. We truly care about your needs and are confident that you will feel relaxed in our office. Before initiating treatment, we will discuss your case with you in detail and try to answer all your questions.

To prevent any misunderstanding, we would like to inform you of our financial policies prior to your treatment. **All fees are due at the time of treatment.** If you have dental insurance coverage we will be happy to file your dental claims on your behalf, but it is important that you understand **all fees for services are ultimately your responsibility.** Our staff will inform you of your estimated uninsured portion prior to beginning treatment. **The estimated uninsured portion is due at the time of service.** Once we have received payment from your insurance company any remaining balance will be due within 30 days. Balances over 30 days will be subject to a \$25.00 late fee.

We offer a multitude of payment options. We accept payment by cash, cashier's checks and all major credit cards (Visa, Mastercard, & American Express). In addition, should you be interested in longer term financing, we offer the services of "Care Credit", the leading dental financing company. **WE DO NOT ACCEPT PERSONAL CHECKS.** Should you have any questions regarding our financial policy, please discuss them with our front office staff prior to treatment. Thank you for allowing us to help with your dental health. You have made a wise decision and we are pleased to be a part of your care.

****A fee of \$100.00 will be charged for any appointment that is cancelled without 24-hour notice.****

Identity Theft Protection

Effective Monday, November 1, 2009, Federal regulators have determined that dental practices are required to comply with the identity theft program (the "red flag" rule). Patients will be asked to provide photo identification to confirm their identity and may also be asked to produce other identity unique information.

To help prevent identity theft and insurance fraud, we request to take a copy of photo ID of each patient for their computer chart. If you choose to decline this, we will need to request photo identification at every appointment. We apologize for any inconvenience this may cause you.

- I agree to have a copy of my photo ID taken for my computer chart. I understand that this copy will only be used for identification purposes.
- I decline to have my photo taken for my computer chart. I understand that I will be required to provide photo identification at every appointment.

Signature of Patient (or Guardian if patient is under the age 18)

Date