MATTHEW H. QUINLIVAN, D.D.S. & ASSOCIATES
149 W. Chatham St Cary, NC 27511~Tel (919) 467-8111~Fax (919) 463-0105~Email: drq@drqdds.com
www.drqdds.com

WELCOME TO DR. QUINLIVAN'S DENTAL OFFICE

We are delighted to have you as our patient. Our goal is to provide you with the highest quality care you deserve. We will make your dental visit as pleasant as possible. It is our goal to help you reach and maintain maximum oral health. In an effort to do so we are pleased to offer you these options for payment:

1. 10% discount with cash payments.
2. Credit Card: Discover, Master Card and Visa.
3. Financing: CareCredit, Long Term Financing Upon Qualifying.
4. **Personal Checks are not accepted.**

OFFICE POLICY

Payment Is Due In Full At The Time Of Service.
We will gladly process your dental insurance as a courtesy service to you.
We are happy to help you obtain your maximum insurance benefits; however, regardless of what your insurance plans pays, **you are responsible for all fees, not your insurance company.** This balance must be paid in full within 60 days of date of service, or it will be automatically turned over to a collections agency.
You must have your insurance card, picture ID, and co-pay (if you are using insurance). If you do not have all of these requirements, unfortunally we will be forced to reschedule your appointment.

Treatment for Children: An adult must accompany all minors; otherwise we will be forced to reschedule your appointment.
Minors will not be allowed unattended in the waiting area.
The adult accompanying the minor is responsible for payment.
Parents using insurance for their child; are responsible for child's account balance; in the event that the insurance company pays less than the estimated amount or treatment is not covered due to limitations, exclusions, or waiting periods, you are responsible for all expenses not the insurance company.

We request 48 hours advance notice, to reschedule appointments. Failing to do so, will result in a **broken appointment fee, $50.00** for hygienist appointments, $**150.00** for any restorative appointments.

I hereby agree to assign my dental insurance benefits to Dr. Matthew H. Quinlivan, D.D.S.
I hereby agree that I am fully responsible for the total amount due, for all procedures performed in this office: In the event that my insurance company pays less than the estimated amount or treatment is not covered due to limitations, exclusions, or waiting periods; I am are responsible for my account balance, not my insurance company.
With my signature I certify that I have read and agree to the financial provisions stated above.

_____ _____ _____

PRINT: Patient's Name | Today's Date | Signature

PRINT: Parent's Name (If patient is a minor) _____ Relationship to patient: _____

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NOTICE OF PRIVACY PRACTICES

Our notice provides a description of the uses and disclosures we may make, of protected health information, and important matters about your protected health information. A copy of our Notice is posted on the wall in our reception area.
By signing this form you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I _____ have reviewed and/or received this office's Notice of Privacy Practices and am giving consent to use and disclose my information to carry out treatment, contacting the Insurance Commissioner in my behalf, payment activities and to carry out healthcare operations on my behalf.

Signature _____ _____

PRINT: Parent's Name (If patient is a minor)

Today's Date: _____ Relationship to patient _____

You have the right to revoke this consent at any time by giving us written notice. The revocation of this consent will not affect any action we took in reliance on the consent before we received your revocation. We may decline to treat you or to continue treating you if you revoke this consent. You may refuse to sign this acknowledgement. You may obtain a written copy of our Notice of Privacy Practice at any time.