





Herb L. Bennett, D.M.D., P.A.

### Written Financial Policy

Thank you for choosing Herb Bennett, DMD. 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:

- Cash, Check, Visa<sup>®</sup>, MasterCard<sup>®</sup>, American Express<sup>®</sup> or Discover Card<sup>®</sup>
- Convenient Monthly Payment Options<sup>1</sup> from CareCredit Healthcare Credit Card
  - o Allow you to pay over time
  - o No annual fees or pre-payment penalties

Please note:

Herb Bennett, DMD requires payment at the beginning 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.<sup>2</sup>

A fee of \$25 is charged for patients who miss or cancel more than 3 times in a calendar year without 24-hour notice.

Herb Bennett, DMD charges \$30 for returned checks.

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

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>Subject to credit approval

<sup>2</sup>However, 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.

Herb L. Bennett, DMD  
120 East Dixie Ave  
Leesburg, Florida 34748  
352-787-7890  
352-787-9036

## Notice of Privacy Practices and Patient Consent For Use and Disclosure of Protected Health Information

\_\_\_\_\_  
**PATIENT NAME**

\_\_\_\_\_  
**DATE**

I **understand** that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain Patient Rights regarding my protected health information.

I **understand** that Herb L. Bennett, DMD, PA may use or disclose my protected health information for treatment, payment or health care operations—which means for providing health care to me, the patient; handling billing and payment; and, taking care of other health care operations. Unless required by law, there will be no other uses and disclosures of this information without my authorization.

Herb L. Bennett, DMD, PA has a detailed document called the '**Notice of Privacy Practices**'. It contains a more complete description of your rights to privacy and how we may use and disclose protected health information.

I **understand** that I have the right to read the '**Notice**' before signing this agreement. If I ask, Herb L. Bennett, DMD, PA will provide me with the most current *Notice of Privacy Practices*.

**My signature** below indicates that I have been given the chance to review such copy of the *Notice of Privacy Practices*. My signature means that I agree to allow Herb L. Bennett, DMD, PA to use and disclose my protected health information to carry out treatment, payment, and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that Herb L. Bennett, DMD, PA has taken action relying on this consent.

\_\_\_\_\_  
**SIGNATURE** (Patient or Legal Custodian/Authorized Representative)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Relationship to Patient** if signed by another party

\_\_\_\_\_  
**DATE**

You may obtain a copy of our *Notice of Privacy Practices*, including any revisions of our '**Notice**' at any time by contacting: Herb L. Bennett, DMD, 120 E. Dixie Ave, Leesburg, Florida 34748, 352-787-7890.

**FORM Us**