

Amy S. Watson, DDS, PA

Notice of Privacy Practices

The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable Federal and State law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices described in this Notice while it is in effect. This Notice takes effect 4/14/2003 and will remain in effect until further notice.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, healthcare operations or as required by law to do so. We will not discuss information about you to anyone other than you or those you have requested us to.

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 in response to a request you made to amend or restrict the use or disclosure of your health information, you may complain to us by using the contact information listed at the end of this Notice. You may also submit a written complaint to the US department of Health and Human Services. We will provide you with the address to file your complaint with the US 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 with the US Department of Health and Human Services.

Contact Officer: Dr. Amy S. Watson
Telephone: (252) 237-5124
Fax: (252) 237-1530
Address: 603 West Nash Street Wilson, NC 27893

Signature: _____ Date: _____

Please list all those with whom we may discuss your health information.

Regarding Missed Appointments...

When we schedule an appointment, that time is reserved just for you. If you must change an appointment we ask that you give us at least a 24 hour notice. We will make every effort to verify your appointment one day prior to appointment time. Please help us serve you better by keeping scheduled appointments.

Signature: _____ Date: _____

Amy S. Watson, DDS, PA

Our Financial Policy

We are committed to providing you with the best possible care. If you have dental insurance, we are willing to help you receive your maximum allowable benefits. In order to achieve these goals **you** must provide us with current insurance information. The following is a statement of our Financial Policy, which we request you read and sign.

PAYMENT IS DUE AT THE TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, DISCOVER OR CARE CREDIT.
(Ask our receptionist for CareCredit details.)
WE DO NOT OFFER PAYMENT PLANS.

Regarding Insurance...

Our Practice participates with a select few dental insurance plans. To determine if our practice participates with your plan please speak directly with the receptionist. If your plan is one that we participate with, we will file your insurance claim for you. You will be responsible for the portion that insurance does not cover including all deductibles and co-payments at the time of service.

If we do not participate with your insurance plan, our staff is happy to process your insurance claim as a courtesy to you. Since we are not in network with your insurance your portion may be a higher rate than someone who participates with your insurance. You will be responsible for your portion that insurance does not cover including all deductibles and co-payments at the time of service.

If your insurance company has not responded to a claim within 60 days of submittal the full account balance becomes the account holders' responsibility.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a part of that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) of "UCR." "UCR is defined as usual, customary, and reasonable fees for this region. Thus, our fees are considered usual, customary, and reasonable by most companies. That statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in the area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

If you have any questions about the above information or any uncertainty regarding insurance coverage. PLEASE do not hesitate to ask. We are here to help you.

I hereby authorize payment directly to Dr. Amy S. Watson for all dental procedures performed.

Signature: _____ Date: _____