FAY DENTISTRY
BIOMIMETIC | AESTHETICS | OCCLUSION

16 Old Riverhead Road
Westhampton, NY 11978
631.288.9000

FINANCIAL AGREEMENT

Payment is due the day services are rendered. We accept cash, check, debit and credit card as forms of payment. We are not contracted with insurance, third parties, or other coverage providers. As a courtesy, we can submit insurance claim forms for treatment performed to your insurance carrier for any coverage for which you may be eligible. Cancellations within 24 hours of the scheduled appointment and missed appointments are subject to a $150.00 per hour fee for hygiene appointments and a $250.00 per hour fee for doctor appointments. A third missed appointment, or cancellation within 24 hours, will require a non-refundable prepayment for services to be performed.

I understand that responsibility for payment for dental services provided in this office for my dependents or myself is mine, due and payable at the time services are rendered. I further understand that a 1.5% finance charge (18% annually) will be added to any balance over 30 days. In case of default, I promise to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to effect collection of this note.

* I understand that if I begin major treatment that involves lab work, I will be responsible for the fee at that time that lab work is started unless other arrangements are made in advance in writing.

* Treatment plans may change, and I will be responsible for the work actually done.

☐ **Please Check to Acknowledge the Financial Agreement**

Privacy Practices Acknowledgement – HIPAA

I understand that Terese N. Fay, DMD, PLLC strictly adheres to the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) in order to protect my privacy as a patient. As a patient, I understand that my information can be used to conduct, plan and direct my treatment and follow-up among multiple healthcare providers who may be involved in that treatment directly or indirectly. It may also be used to obtain payment from the third party payers or conduct normal healthcare operations such as quality assessments and physician certifications. A detailed copy of Notice of Privacy Practices has been made available to me. I may also view a copy online at www.faydentistry.com.

☐ **Please Check to Acknowledge the Privacy Practices**

Patient Name: _____ Birthdate: _____
Last First

_____
Patient/Guardian Signature Relationship to Patient Date