(Continued)

FINANCIAL POLICIES:

1. GUARDIAN: The parent/guardian who brings the child for an appointment is financially responsible for that child on that day of service.
2. NO INSURANCE: If you do not have dental insurance which we accept, you are expected to pay when services are rendered. If we are not able to verify with TennCare's website, we will not file insurance.
3. TENNCARE: If the recommended treatment is not a covered benefit, you will be required to pay when services are rendered. If the service is not a covered benefit, Western Heights Dental will not file a claim with your insurance company for the treatment.
4. CLAIMS AUTHORIZATION: My or my guardian's signature gives permission to release any information relating to the filing of insurance claims. In addition, the signing is also authorizing payment of the dental benefits directly to the provider of dental services at Western Heights

Health Insurance Portability and Accountability Act (HIPPA) CONSENT:

Purpose of Consent: 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/dental operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our notice provides a description of our treatment, payment activities, and healthcare/dental operations, of the uses and disclosures we may make of your protected heath information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

I have had full opportunity to read and consider the contents of this Consent form and Notice of Privacy Practices. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and healthcare/dental operations.

I have read, understand, and agree to the Financial Policy & Consent for Health Insurance Portability and Accountability Act

Signature:_____Relationship to Patient_____Date_____

Parents of Minors:

At Western Heights Dental, we strive to achieve a balance between allowing parents to be a part of their child's dental experience and allowing children to feel comfortable and confident enough to undergo dental treatment on their own. Everyone will make a great effort to ensure that your child feels comfortable in these new surroundings. With this in mind, 1 parent is encouraged to come into the treatment area on their first visit to view our facilities and to personally meet the doctor and team. Additionally, a parent is always welcome to accompany a child to any subsequent hygiene appointments. If we feel that your presence is having a negative impact on your child's behavior, you may be asked to step away from your child's field of vision. It is our hope that parents will become comfortable enough to allow their child to enter the treatment area by themselves on subsequent visits. This allows the child to establish an uninterrupted relationship with the doctor and his staff. Occasionally, the doctor may feel that a child will respond with better behavior if a parent is present.

If we request a parent or guardian to accompany their child into the treatment area, we ask the parent to stay seated and act as a silent supportive partner. It is important that we establish cooperation and trust directly with each patient to ensure future success. Should your child require restorative and or surgical treatment utilizing a restraint technique, we request that parents remain in the reception area during treatment so that we can devote 100% of our attention to your child. This policy follows the same guidelines as a hospital surgical setting. Our team will give parents updates on duration of treatment.

For safety and privacy of the other patients, all others (including siblings whether scheduled or not scheduled at this appointment time) are asked to remain in the reception room. Young children in the reception room will need a supervising adult. Finally, if you expect your child to do well and enjoy their visit to our office, chances are they will do just that! Thank you for your understanding and cooperation in these matters.

I have read and understand the above policy and Western Heights Dental has answered questions to my satisfaction as child's *(circle one)****Mother * Father * Legal Guardian * Grandmother * Grandfather * Social Worker * 0ther***_____

***Signature*_____*Child's Name*_____*Date*_____**

I am the Parent/Legal Guardian (if patient is under 18), I approve any future treatments without my presence when accompanied by an adult

***Signature*_____**