



### **Oakwood Dental Patient Care Policies**

**\*\*\*Please note, all of the following policies apply to everyone on your account:**

(1) **Consent to treatment:** I, the undersigned patient, hereby give my consent for the providers at Oakwood Dental LLC to administer anesthetic, and to perform dental procedures or courses of treatment such as but not limited to x-rays, sealants, fluoride treatment, prophylaxis, periodontal ("gum") treatment, restorative and surgical procedures for myself and my dependents or minor children.

(2) **General Billing Policies:** We will be happy to help you maximize your dental insurance benefits by submitting your insurance claims for you whenever possible. Our estimates are valid for up to 30 days. PPO insurance discounted fees for our in-network companies are honored in accordance with the in-network company's policies, only if and while you have coverage with this insurance company at the time of service for that service. Otherwise, our regular fees apply to your treatment plan. Our network involvement may change, and it is your responsibility to verify this information with your insurance company. While filing of insurance claims is a courtesy to our patients, all charges on your account and all claims remain your responsibility. We will be happy to provide you with an insurance estimate; however, this is just an estimate and it remains your responsibility to know and understand your insurance coverage and benefits remaining. Insurance estimates are based on information your insurance company provides to us, which is not always comprehensive on their end; they will often give more complete information to you, the policy holder, than they will to a provider's office. Thus, these are purely estimates – they are not a guarantee of benefits. If you need more up-to-date insurance information, we ask you to contact your insurance company. We will attempt to follow up with your insurance claim(s) for up to 60 days from the date of service. If your claim(s) is/are still unpaid after this period, the full claim(s) balance may be billed to you. Ultimately the filing and tracking of insurance claims is up to the guarantor – we are not responsible for claims not filed or for delayed and otherwise unpaid claims. All payments, including insurance co-payments, are due at the time of service. Statement balances are due within 10 days from the date on the statement. A service charge of 1.5% per month will be added to accounts with an outstanding balance of 60 days or older.

You may be responsible for all collection charges, court charges, and/or attorney fees, if your account is placed for collection. Interest fees will apply to late accounts, including those accounts turned over to a collection agency, and this interest may be added retroactively to the account beginning at day 60 of the balance. Returned checks will also be subject to a fee of \$30.00 or more. To best serve our patients, we offer a payment plan through an outside provider, subject to their approval and guidelines.

**(3) Appointment Policy:** We ask our patients to be prompt and keep their scheduled appointments. We may attempt to provide a courtesy call by telephone or text messaging prior to your appointment, but please do not rely upon these calls. **We require a minimum of 2 business-days' notice to avoid a possible cancellation charge of \$50 or more on your account.** If you should miss two (2) or more appointments without two business day notice, and/or your account is delinquent, we reserve the right to terminate our doctor-patient relationship. If you have any questions, we request that you contact our office to avoid any misunderstandings with regards to your account.

**(4) Minors:** For Parents and guardians of minor children and/or dependents: Any dependents and/or children under age 18 must be accompanied by their parent or guardian, and that guardian must remain at our office for the entire duration of the appointment. If an urgent situation arises such that the guardian cannot be present, it is at Oakwood Dental's discretion whether or not a minor may be seen without the guardian being present. If a minor is seen with the guardian not present, it will be the responsibility of the guardian to contact the office following that appointment to be updated on any clinical concerns, diagnosis, treatment recommended, and/or treatment completed with prior approval. Oakwood Dental will not be responsible for failure of such communication due to the guardian not being present during a minor patient's appointment.

**(5) Assignment and Release (For Patients with Dental Insurance)**

I, the undersigned patient certify that if I and/or my dependent(s), have (or obtain in the future) insurance coverage, I hereby assign directly to Drs. Attila and Michelle Nagy all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above-mentioned dentists and the staff of Oakwood Dental may use my health care information and may disclose such information to my, and/or any of my dependent(s) insurance companies and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. Further disclosure of this information is contained in our Notice of Privacy Practices (see below). Our privacy agreement is displayed and also available upon request.

The treatment plan is an estimate of treatment to be performed. Actual treatment and its cost to be provided may vary on a case-by-case basis. As a courtesy to you, treatment estimates are

provided based on information you and your insurance company has given us. It is YOUR responsibility to contact your insurance company for most up-to-date insurance information, before your treatment begins. Patient portion (the amount that is not covered by your insurance company) is always due at the time of service. Treatment estimates are honored for 30 days from time of presentation. PPO fees for companies with which we have an agreement are honored, only if and while you have coverage with the PPO provider at the time of service for the procedure completed. Otherwise our regular fees apply, regardless of any estimate given.

If you have any questions, please always feel free to contact us at Oakwood Dental (419) 562-4378. For more information, visit us at: [www.oakwooddental.org](http://www.oakwooddental.org)

#### PRIVACY PRACTICES ACKNOWLEDGEMENT

I have seen/received the Notice of Privacy Practices and I have been provided an opportunity to review it.

**I acknowledge that I have read this entire document (3 pages) and I agree to the contents.**

**Head of Household please sign here: \_\_\_\_\_ Date: \_\_\_\_\_**

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Thank you for choosing us to be a part of your care.

*Oakwood Dental – World class service from our family to yours!*



Dr. Michelle Nagy, DDS  
Dr. Attila Nagy DDS, MS in Specialized Orthodontics  
General Dentists  
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**Acknowledgement of Receipt of Notice of Privacy Practices**

**Oakwood Dental, LLC, Drs. Attila and Michelle Nagy**

**\* You May Refuse to Sign This Acknowledgment\***

**I have been offered a copy of this office's Notice of Privacy Practices:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only:**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)