

# Family & Implant Dentistry of Stuart

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## **IMPORTANT NOTICE FOR ALL PATIENTS**

1. As a COURTESY to our patients who have dental insurance, Family & Implant Dentistry of Stuart will file your dental claim through your dental insurance carrier. Your dental insurance is a contract between you and your dental insurance company. It is your responsibility to provide us with accurate information and inform us if your insurance has changed. Dental benefits carriers administer many different benefit plans which result in various levels of benefit reimbursement and covered expenses. In cases where more than one course of treatment is available, some dental insurance plans may only pay benefits for the least expensive treatment, even if the least expensive treatment is not in the patient's best interest. These benefits determinations are not, and should not, be constructed as treatment recommendations or decisions being made by the patient. Choices regarding appropriate treatment are left to the patient and treating dentist.

2. All claims and pre-treatment estimates for your dental services that we file on your behalf, **ARE NOT A GUARANTEE OF PAYMENT! YOU ARE RESPONSIBLE FOR THESE BALANCES IF YOUR INSURANCE DOES NOT PAY "ANY OR ALL" OF THE CHARGES FOR THE SERVICES THAT YOU RECEIVED.**

3. Patients that do not have dental insurance are required to **PAY IN FULL** at the time services are rendered. No exceptions. We accept: Cash, Checks, Major Credit Cards and Care Credit for your convenience. There will be a \$35.00 charge for all returned checks. Appointments canceled with less than 24-hour notice will be **BILLED ACCORDINGLY.**

4. I authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing purposes by the practice listed below. I understand that information disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by HIPPA privacy regulations. The photographic/video images, and/or testimonial will be used for: Social Media and/or Advertising. I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization expires 99 years from date signed.

### **COLLECTION FEE POLICY**

1. I understand and agree that all services rendered to me, my dependents, or others assigned by me to my account are charged directly to me. I further understand that I am personally responsible for full payment. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursement, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all amounts that are at least thirty days past due at the rate of 1.5% per month (18% annual rate). If the account is in default and turned over for collection, I acknowledge that I will be responsible for all reasonable costs associated with effecting collection. If during the admission or application process I have provided a cell phone number, I acknowledge that I may be contacted at that number for account servicing matters, including but not limited to collecting on my account should it become delinquent.

### **VELSCOPE**

1. Did you know that dental insurance doesn't cover oral cancer?

Nearly 50,000 people in the United States will be newly diagnosed with oral cancer this year, with 132 people diagnosed with oral cancer each day. Unfortunately, your dental insurance is not liable for cancer treatment. While smoking, using chewing tobacco, and consuming alcohol have been commonly linked to oral cancers, many cases are now also being linked to exposure to the Human Papillomavirus (HPV). In some cases of oral cancer, there is no identifiable cause. The best way to prevent oral cancer is to get screened regularly. This office uses the VELscope, a non-invasive oral-cancer screening device. By using VELscope to aid in oral cancer screening, your dentist is able to see suspicious areas that could potentially become cancerous. The VELscope screening is recommended to be administered twice a year and costs \$25.00 per screening. Unfortunately, most

Insurance plans do not cover this exam. Since the VELscope screening is part of our regular standard of care, please let your hygienist know if you wish to opt out of this exam.

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**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I agree with all the terms listed above and take full responsibility for any balances that are not covered by my insurance company. I understand that if I do not hold dental insurance that it is my responsibility for full payment on all services performed at Family & Implant Dentistry of Stuart.

**HIPPA NOTICE AND PRIVACY**

**Please sign this form to acknowledge that you have read and accepted this Assurance of Privacy.**

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**Patient Name (Print)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have any questions, comments, or objections to the privacy policies on this form, please ask to speak to our compliance officer. You have the right to review the entire privacy policy manual upon request.

**Please provide the name, relationship and telephone number of the proxy that you wish to request information and/or speak on your behalf.**

**Proxy Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to patient:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

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**Authorization signature of Patient** \_\_\_\_\_ **Date** \_\_\_\_\_