



A smile to grow with

Cheryl Kelley, D.M.D.

Diplomate, American Board of Pediatric Dentistry

Financial Policy/HIPAA Release Form

- I understand that all co-payments and/or deductibles must be paid at the time of service. Co-Pays not paid at the time of the visit will incur a \$25 handling charge.
- In the event a check is returned for insufficient funds, a service charge of \$35 will be added to my account.
- I understand that 48 hour notice is required, should I need to cancel an appointment. A \$100.00 fee may be applied to my account for any cancellation without 48 hours notice.
- I take responsibility for payment of any medical fees not covered by insurance.
- I authorize Dr. Cheryl Kelley and staff to release any and all of my child(s) medical records, including, but not limited to: records of office visits and treatment rendered, clinical laboratory reports, diagnostic test results and x-rays. Such records may be released to another physician or any other health care professional or facility for the purpose of discussing my child's condition, consulting on my case or reviewing my medical records. These records in the entirety, regardless of coverage, may also be released to any government agencies, insurance companies and employees of insurance companies for the purpose of pursuing payment, insurance reimbursement, submitting claims for services rendered or to be rendered to me or performing quality assurance reviews as required by law.

An important message to parents in a custodial, non-custodial or shared parent arrangement: As a common practice in pediatric offices, out-of-pocket expenses will be collected at the time of service from the parent/guardian who accompanies the child on their visit, regardless of any other financial/legal arrangements dictating who will pay. Bills for any outstanding claims will be sent to the address where the child resides, or to the responsible party/insurance holder.

Compliance with court ordered arrangements would take place between the involved parties. Dr. Cheryl Kelley's office does not enter into those arrangements. Any additional issues regarding financial responsibility should be addressed through Family Court Services.

X _____
Signature of insured or authorized person, patient or parent if minor

X _____
Print name of insured or authorized person, patient or parent if minor

X _____
Date

