

Jonny Fisher DDS

Excellence in Dentistry

Payment Policy

- Payment is due at the time of treatment. 🙏
- We accept cash, checks, and major credit cards.
- In-House payment plans are available allowing you to start treatment today and pay over time (a 1.5% monthly interest fee applies).
- If you have current coverage through a dental plan, they may help offset the cost of treatment. As a courtesy, we generally bill your dental plan provider on your behalf.
- It is your responsibility for the full amount of treatment rendered, regardless of the anticipated benefits of your dental plan.
- Appointments that extend beyond 2 hours will require a payment 50% of the estimated out of pocket amount to reserved time in our schedule. The amount paid would be applied to the appointment unless a short notice cancellation within 24 hours happens, then the amount would be applied to a cancellation fee.

Cancellation Policy

- When you schedule an appointment, that time is set aside specifically for you. 😊
- Please give us **48 hour notice** when needing to cancel or reschedule an appointment.
- Appointments canceled or missed within less than 24 hours are subject to a **\$95 fee** assessed to your account. As a courtesy, we generally waive the first infraction. (We know life and snow happens).
- We are unable to accept cancellations outside of normal office hours.
- Cancellation fees must be paid prior to scheduling another appointment.

Seriously... what's the big deal? Short notice cancellations can cause these significant issues:

- Being unable to receive the your dental treatment in a timely manner. 😞 (Your Dr may be booked out a month or more.)
- The doctor and team are prepared with equipment & materials specific to your appointment.
- Another community member could have been scheduled in that valuable time slot and received necessary (sometimes urgent) dental treatment.

HIPAA & Notice of Privacy Practices

In accordance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA), you have certain rights to privacy regarding my protected health information. We maintain a *Notice of Privacy Practices* at our office with a complete description of the uses & disclosures of your health information. This document is available upon request.

Printed Name: _____ **Relationship to Patient:** _____

Signature: _____ **Date:** _____

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