ROBERT L. MALECKI, D.D.S., P.C.
IAN M. BEVER, D.D.S

WE WELCOME YOU as a patient and appreciate the opportunity to provide you with exceptional dental care. The information that follows is designed to answer many questions most patients have. We want you to know about our office policies and methods of practice. If you have any questions, please ask. We are committed to building loyal, honest patient relationships while providing exceptional professional treatment in a relaxed and cheerful manner.

OFFICE HOURS

Monday – Thursday 8:20 a.m. -- 5:00 p.m. Lunch 1:00 p.m. -- 2:00 p.m.

The office is closed on weekends and major holidays. It is also closed at times when we are away attending continuing education programs to keep our skills up to date & maintain knowledge of the latest techniques, equipment and research to serve you better.

APPOINTMENTS

We try to see all patients on an appointment basis and request that you call in advance so that we can reserve time for you. We make every effort to honor all time commitments and request that you extend the same courtesy.

We call or text our patients to confirm their appointments as a ***courtesy*** only. If you are not reached, it is still your responsibility to keep your appointment as it was scheduled. We ask that you give us at least 24 hours notice if you cannot keep your appointment. This is valuable time and others will appreciate your courtesy in releasing this time for them. Please be advised we may charge a cancellation/no show fee for those patients who do not provide adequate notice in non-emergency situations. This fee is payable prior to any rescheduling.

EMERGENCY CARE

We realize that you may have an emergency arise and we will do our best to respond to your problem promptly. If you do have such a problem, please call us as early in the day as possible. If the office is closed, our answering service will forward the message to Dr. Malecki, or Dr. Bever.

FEES AND PAYMENTS

Our goal is to make quality dental care affordable. We make every effort to keep down the cost of your dental care. You can help by paying at the time of your visit. If your treatment program is extensive, payment plans are available. You will be given an estimate and a detailed financial arrangement printout from a member of our business staff. For your convenience, we accept cash, personal checks, debit and credit cards. We also accept Care Credit.

Our practice continues to thrive with new patients. We rely on word of mouth referrals to continue to grow. We encourage you to tell your friends and family about us. We thank you for your confidence and welcome your family and friends.

If you would like to know more about our practice, visit our website at **robertmaleckidds.com**

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DENTAL INSURANCE

We encourage our patients to be well informed regarding our financial policy and how we take into consideration any dental insurance that you may have.

If you are covered by dental insurance and inform us of your policy information, we will be happy to file either electronic or paper claims for you. After receiving this information we will contact the insurance carrier and obtain a brief outline of your benefits. We also do pre-authorize major services in advance, if desired, in order that patients may understand their policies more clearly. When claims or pre-authorizations are submitted for payment, the insurance company will then determine what benefits are available at that time.

We ask that you direct the insurance company to pay their share of the cost directly to our office (this is called assigning the benefits) and we will give you credit for this anticipated amount. Often, these payments are not received until two or three months after being submitted for payment. We will estimate your co-payment and ask that you pay your portion in full at each visit. Upon receipt of the insurance payment, we will reconcile the account and bill or refund any difference, if necessary.

Please realize that professional services are provided to a person, and not to the insurance company. **Thus, the insurance company is responsible to the patient and the patient is responsible to the doctor.** We will help in every way we can in filing your claim, handling insurance questions, and processing follow-ups on your behalf, but we cannot provide services on the assumption that all services will be paid for by your insurance company. No insurance company attempts to cover all dental costs. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. The benefits available to you are based on the type of policy that was purchased by your group or employer. It is your responsibility to pay any deductible amount, normal co-payment, or any other unpaid balance left by your insurance company.

We are here to help. No question is too small for you to ask us about, whether it is regarding your treatment, insurance, or account. We ask that you call or stop by anytime that you have a question.

PHONE (989) 892-7663
FAX (989) 892-8850
robertmaleckidds.com

512 S. TRUMBULL STREET, BAY CITY, MI 48708-7656

FAMILY &
COSMETIC
DENTISTRY

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PATIENT AUTHORIZATION FORM

I understand that I have certain rights to privacy regarding my protected health information under the Health Insurance Portability and Accountability Act (HIPAA). I understand that by signing this consent, I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment)
- Obtaining payment from third party payers (insurance company)
- The day to day healthcare operations of your practice.

I also authorize disclosure to the following person(s):

_____
_____
_____

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent, is not affected.

Patient name (print): _____

Signature: _____

Today's date: _____

Robert L. Malecki, D.D.S, PC
Ian M. Bever, D.D.S.

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