

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**NOTICE TO PATIENT:**

We are required to provide you with a copy of our Notice of Privacy Practices which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice.

I acknowledge that I have received a copy of Walker & Barr, DMD, Notice of Privacy Practices:

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

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

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

We cannot discuss your protected health information (PHI) with anyone other than yourself unless you authorize us to do so. Please list the name(s) of those you authorize our office to discuss your care with. Your PHI may be disclosed to the individual(s) listed below unless you notify us otherwise in writing:

_____	_____
_____	_____

**FOR OFFICE USE ONLY:**

We have made every effort to obtain written acknowledgement of our Notice of Privacy from this patient but it could not be obtained because:

\_\_\_ the patient refused to sign.

\_\_\_ due to an emergency situation it was not possible to obtain an acknowledgement.

\_\_\_ we were not able to communicate with the patient.

\_\_\_ other (please provide specific details):

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRST APPOINTMENT**

Full payment is required at the time services are rendered. We accept cash, personal checks, and credit cards.

**INSURANCE WELCOME**

If you carry dental insurance, we will need a copy of your insurance information. We will allow 45 days for your insurance company to pay. If there is a delay, we will work with your insurance company to resolve any issues for you. However, your balance will be due and we will instruct the insurance company to reimburse you. **We encourage all patients to be familiar with their own insurance policy as many limitations and exclusions may exist that we will not be able to predict prior to treatment. We do not work with any HMO's or DMO's. You must have a PPO plan with either in or out of network benefits.**

**INTEREST FREE FINANCING**

Financing is available through CareCredit for fees over \$300. Your dental fees can be financed for twelve months interest free. CareCredit also offers a long term plan for those who are interested. Interest will apply to long term plans. A loan application must be completed and approved before services are rendered.

***Any balance past due by more than 60 days will automatically accrue a finance charge of 1.5% per month.***

**CANCELLATION POLICY**

A \$75 fee will be assessed for broken appointments without 24 hour notice.

If you have any questions regarding the office policies, we encourage you to ask prior to treatment. We are always happy to assist you.

I hereby acknowledge that I have read and understand these policies.

Signature of Financially Responsible Party:

\_\_\_\_\_

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

Print Name:

\_\_\_\_\_