

Long Family Dental

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of Long Family Dental's Notice of Privacy Practices.
Name of Patient

Signature of Patient/Guardian

Staff will fill out this section if patient's signature not obtained.

Our office made a good faith effort to obtain Acknowledgement of Receipt of Privacy Practices, but it could not be obtained for the following reason:

_____ Patient refused to sign.

_____ Emergency situation kept us from obtaining the patient's signature.

_____ Language barriers kept us from obtaining the patient's signature.

_____ Other _____

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Please sign and date this form to authorize Long Family Dental to release protected health information to individuals other than self for the purpose of providing health care services to you.

Name of individual(s) you authorize our office to share your information with (please print):

FINANCIAL & INSURANCE POLICY FOR LONG FAMILY DENTAL

It is our goal at Long Family Dental to accommodate our patients in every way possible. We offer appointment times that are convenient, as well as payment options that are flexible and affordable. Payment is expected at the time services are provided. We accept cash, checks or the following charge cards: Master Card, Visa, American Express, Discover and Care Credit as a means of payment for services rendered.

As a courtesy, we will accept assignment of insurance benefits on treatment performed for up to 60 days. However, patient portion is due at time of service. **If, however, after 60 days no payment has been received from the insurance company, you are responsible for any unpaid balance.** Unpaid balance should be paid promptly. In order for Long Family Dental to accept the assignment of your dental benefits, it is your responsibility to provide current and accurate information. Any fees quoted with insurance involved are strictly an **estimate** and are in **no way a guarantee of payment by the insurance company.** The estimate provided by Long Family Dental is based on information received from your insurance provider. If you have had dental treatment in another office or your insurance has changed since your last visit, it is your responsibility to notify us at check-in so that we may update your insurance coverage.

In the event the account should ever be turned over for collection, you will be responsible for all charges incurred on your account, as well as any costs associated with collecting the total account balance.

Signature of Patient/Guardian

Date