

Petersburg Dental Inc.

AUTHORIZATION AND RELEASE

I authorize Petersburg Dental, Inc. to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such Dental care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. If benefits for services are sent to me, such checks are to be endorsed to Petersburg Dental, Inc. as payment on my account.

Estimated co-payment at each visit may be made with cash, check or credit card with most insurance plans following benefit verification. Please be aware that we cannot guarantee this estimate and there may be a balance after insurance reimbursement. We require a minimum 30% co-payment at each visit.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents including any co-payments and deductibles that my insurance does not cover. I am aware that payment of my estimated coinsurance portion is expected at the time of service

I am aware that any unpaid balance that my insurance company does not cover must be paid in full within 30 (thirty) days. I am also aware that failure to make my payments as agreed upon may result in legal or collection action to recover said amount; and any legal fees, court costs, and/or collection fees incurred in this process will be added to my account balance. In addition I may be charged for appointments cancelled or broken with less than 24 hour notice.

I authorize copies of this form to be as valid as the original.

Date_____

Signature of Patient (parent/guardian if patient is a minor)

Petersburg Dental Inc.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have had the opportunity to
read a copy of this office's Notice of Privacy Practices

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual declined to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

