

POTEE FAMILY DENTISTRY

NOTICE OF RECEIPT FOR NOTICE OF PRIVACY PRACTICES

I, _____, have received 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 refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us for obtaining acknowledgement
- Other: _____

FEE STATEMENT

I accept full financial responsibility for the treatment performed in the office of Potee Family Dentistry. I understand that insurance forms will be completed and files as a convenience to the patient. In consideration of the service to be provided to the patient, I/we here by guarantee payment in full of the customer's account in accordance with the financial arrangements made at the time of service, or if no arrangements are made, in event of default in payment, reasonable collection agency fees equal to thirty (30%) percent of the delinquent balance and reasonable attorney fees, shall be added to the amount due on the account, plus any applicable court costs.

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

Date

DIGITAL STATEMENT

You expressly consent and agree to Potee Family Dentistry and their affiliates, agents and service providers may use written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual methods, prerecorded or artificial voice messages, text messages, emails and/or automatic telephone dialing systems. You agree that Potee Family Dentistry and their affiliates, agents and service providers may use any email address or any telephone number you provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether you incur charges as a result.

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

Date

LATE ARRIVAL FOR APPOINTMENTS MAY RESULT IN A NEED TO RESCHULE