

DENTAL INSURANCE INFORMATION

DO YOU HAVE DENTAL INSURANCE? Yes No

IF YES, PLEASE FILL OUT THE FOLLOWING INFORMATION

DENTAL INSURANCE COMPANY:

GROUP NUMBER:

INSURANCE CO. PHONE NUMBER:

INSURANCE ADDRESS:

INSURANCE THROUGH A SPOUSE OR PARENT (THEIR INFORMATION)

NAME:

EMPLOYER'S NAME:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

DENTAL INSURANCE COMPANY:

GROUP NUMBER:

INSURANCE CO. PHONE NUMBER:

INSURANCE ADDRESS:

SUMMARY NOTICES OF HIPAA PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and what you can get access to. Please review carefully.

WE MAY SHARE YOUR HEALTH INFORMATION TO:

- Treat You
- Get Paid
- Tell you about other health benefits and services
- Do research
- Confirm or schedule appointment

WE MAY USE YOUR HEALTH INFORMATION FOR:

- Health and safety reasons
- Worker's comp requests
- Lawsuits
- Law enforcement requests
- National security reason
- Coroner, medical examiner

YOU HAVE THE RIGHT TO:

- Get a copy of your medical records
- Get a list of whom we share your medical information with
- Ask us to limit the information we share
- Ask for a copy of our privacy notice
- Complain in writing to our office if you believe your privacy rights have been violated.

A FULL COPY OF THE HIPAA PRIVACY POLICIES IS INCLUDED IN YOUR NEW PATIENT PACKET. PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS REGARDING YOUR PRIVACY RIGHTS IN OUR OFFICE.

I understand the privacy policies of this office

Signature

Date

WE AT DR. RUSSO'S OFFICE ARE COMMITTED TO PROVIDING YOU WITH THE BEST POSSIBLE CARE. AS A COURTESY, WE ASSIST YOU IN RECEIVING THE MAXIMUM FROM YOUR DENTAL INSURANCE. WE DO ASK THAT IN ACHIEVING THIS, WE HAVE YOUR FULL ASSISTANCE AND UNDERSTANDING THAT THE CONTRACT IS BETWEEN YOU AND YOUR EMPLOYER. PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS OTHERWISE DISCUSSED WITH THE FRONT OFFICE STAFF. BALANCES WILL BE SENT TO COLLECTIONS AFTER 90 DAYS. THERE WILL BE A 30% CHARGE FOR ANY ACCOUNTS SENT TO COLLECTIONS. IF YOU HAVE QUESTIONS REGARDING OUR FINANCIAL POLICIES OR WOULD LIKE A COPY OF THE POLICIES, PLEASE LET US KNOW.

Signature

Date