

ACKNOWLEDGEMENT RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct and indirect treatment by other healthcare providers involved in my treatment)
- Obtaining payment from third party payers (e.g. my insurance company)
- The day-to-day healthcare operations of your practice

I have also been informed of, and given the right to review and secure a copy of your *Notice of Privacy Practices*, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Date

ACKNOWLEDGEMENT RECEIPT OF NOTICE OF INSURANCE DISCLOSURE

Dental insurance is rapidly playing a larger role in helping people obtain dental treatment. Since we STRONGLY feel our patient deserve the best possible dental care we can provide, and in an effort to maintain the high quality of care, we would like to share some facts about dental insurance with you. In obtaining the maximum benefits specified in your dental insurance plan.

1. Your dental benefit program is a contract between you, your employer and the insurance company. We are not part of that contract
2. Dental insurance is NOT meant to be a PAY ALL only to be an aid
3. Our fees are generally, but do not necessarily, covered in full by the maximum allowance determined by your carrier. Many plans tell their insured that they will be covered "up to 80% or up to 100%," but do not clearly specify the plans fee scheduled allowance, annual maximum or limitations. We have found that most plans cover about "35% to 50%" on major services (crowns, bridges, root canal) based on the plan's pre-established maximum fee allowance which varies from carrier to carrier.
4. It has been the experience of many Dentist's that insurance companies occasionally tell their insured that "the fees charged were above usual and customary rate," rather than saying "their benefits are low."
5. Many routine dental services ARE NOT covered by insurance carrier. For example Nitrous Oxide, (laughing gas).
6. You, the patient, are ultimately responsible for ALL FEES for services rendered at the practice which was not covered by your insurance.
7. If we are unable to verify your insurance benefits before your appointment, you are responsible for the services rendered.

I, _____, understand the office policy of Landmark Family Dental regarding my insurance coverage and my responsibility of services rendered.

Please Print Name

Signature

Date