

# TOWN CENTER DENTISTRY AND ORTHODONTICS

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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You may refuse to sign this acknowledgement

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

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Please Print Name

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Signature

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Date

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For office use only

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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 \_\_\_
  - Communications barriers prohibited obtaining the acknowledgement \_\_\_
  - An emergency situation prevented us from obtaining acknowledgement \_\_\_
  - Other (please specify) \_\_\_\_\_
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This form is educational only, does not constitute legal advice and covers only federal , not state, law (August 14, 2002).  
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**Financial Agreement**

**All patients, please read the following:**

I understand and agree that all services rendered me, my dependents, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment. I authorize my signature below to be used as a signature on file for any credit card payment used over the phone or that I placed on file to be used to pay for treatment. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, collection agency cost, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all past due amounts at the rate of 1.5% per month (18% annual rate). If the account is in default and turned over for collection, a collection fee of \$500 will be added.

I understand that it is required to give 2 working days (Mon.-Fri.) notice if an appointment needs to be cancelled, or rescheduled. If I fail to give proper notice I agree to pay a \$50 missed appointment fee that will be added to my account.

If the need should arise, due to the work and materials involved, there is a \$25 fee for the transfer of records.

I have read and understood the above financial policy.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

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