

# **BECKHAM DENTAL**

## **NOTICE OF PRIVACY PRACTICES**

I understand that under the Health Insurance & Portability Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read, and understand your **NOTICE OF PRIVACY PRACTICES** containing a more complete description of the uses and disclosures of my health information. I understand that your organization has the right to change its **Notice of Privacy Practices** from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the **Notice of Privacy Practices**. I understand that I may request in writing that you restrict how my private information is used or disclosed. I also understand you are not required to agree to my requested restrictions, but if you agree then you are bound to abide by such restrictions.

## **PAYMENT POLICY**

**Your insurance policy represents a contract between YOU and your insurance company. Patient portions of dental treatment are due at the time of service.** We do offer several methods of payment, and if desired we will assist you with the option of third-party financing. **Your insurance carrier does not issue guarantees of coverage and it is your insurance company that makes the final determination of benefits.** Therefore, we cannot guarantee any patient portion amounts. As a courtesy to you, we will bill your insurance, but **YOU ARE ULTIMATELY RESPONSIBLE** for all charges incurred in our office. **We reserve the right to bill you for any remaining balances due to insurance delays or denial of claims.**

Patient Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_