Skutak Dental, S. C.

HIPPA OFFICE POLICY

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

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

_____

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
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

Skutak Dental Office Policy

Welcome to our office. It is our intention to make your visit as comfortable as possible. Please take the time to look over our office payment policy. If you have any questions please do not hesitate to ask.

1. Please provide us with your dental insurance card. We will gladly process your claim, but we do request that you pay your estimated portion the day of service.

2. If you do not have dental insurance, payment in full is expected when services are rendered. We do not offer any payment plans. We accept check, cash, or Visa/MasterCard/Discover.

3. Any amount not covered/paid by your insurance company after 60 days is your responsibility.

4. Our office requires a minimum of 24 hour notice to cancel or reschedule appointments. Without notice a fee will be implemented and must be paid prior to scheduling any future appointments.

In signing below, I agree to assume full responsibility for payment of any treatment provided.

Responsible Party Signature _____

PRINT NAME

_____

SIGNATURE *DATE*

AUTHORIZATION TO PAY BENEFITS TO MY DENTIST
AUTHORIZATION TO RELEASE MEDICAL/DENTAL INFORMATION TO INSURANCE
This signature is my written authorization to pay Dr. Skutak any dental benefits due and payable by my insurance company to apply to my outstanding balance. My signature also authorizes the release of medical/dental information requested by my insurance company regarding claims submitted.

Responsible Party Signature _____