

Todd H. Shainholtz, DDS
Eagle, Co 81631
970-328-6347

Acknowledgement of receipt of Notice of Health Information Privacy Practices and Consent for use and disclosure of health information.

Effective April 14, 2003, the Health Insurance Portability Act (HIPAA), requires that all health care facilities have policies regarding the protection of health information. We have policies in place regarding how we handle and protect the information about the dental care you receive in our office. We will not release any information about you/your health care without your written permission except for your treatment in our facility or other facility to which we refer you.

We reserve the right to change our privacy practice as described in our Notice of Privacy Practice, but will issue a revised statement which contains the changes. I hereby acknowledge receipt of Todd H. Shainholtz, DDS, notice of Health Information Privacy Practice.

DENTAL INSURANCE AND FINANCIAL ARRANGEMENTS

PAYMENT FOR SERVICES ARE DUE AT THE TIME SERVICES ARE RENDERED UNLESS PAYMENT ARRANGEMENTS HAVE BEEN APPROVED IN ADVANCE BY OUR STAFF.

If you have dental insurance we will work hard to help you receive your maximum allowable benefit. With there being so many different providers and plans, it is impossible for us to know all of our patients benefits. It is very important for you as a dental insurance policy holder to be aware of the plan benefits, deductibles, and exclusions. We will gladly discuss your proposed treatment and answer any questions that you may have relating to your insurance. You however, must be aware that: **Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. Most insurance companies have a yearly deductible that is your responsibility to pay. Most insurance companies only pay a percentage of the cost and you will be responsible for the remainder. Not all services are covered benefits in all contracts. It is important for you to contact your insurance provider and ask if there are any clauses, or waiting periods. As a courtesy, our office will submit claims to your insurance provider. If for any reason the claims go unpaid, you will be responsible for all charges.**

I, the undersigned _____, in consideration of goods and/or services rendered pursuant to this agreement, do hereby personally, individually, and severally guarantee the full payment of all sums of money due and owing to Dental Arts of Eagle. In addition any sums of money that may become due and owing or past due according to the terms of this agreement: shall be my responsibility.

SIGNATURE _____

DATE _____