

**Harold Howell, III D.M.D.**  
**Acknowledgment of Receipt of Notice of Privacy Practices**

\*\*You may refuse to sign this acknowledgment\*\*

I have been notified that Howell Family Dentistry lease my personal information for the purpose of treatment or payment. Private information is released in the instances of insurance billing and referral to labs or specialist.

Please initial below if you agree with the following:

The telephone numbers I've given the office can be used to contact me regarding appointment and my account. In the event there is no answer, a message can be left on the answering machine. \_\_\_\_\_

If I am not available, you may discuss my appointment or account with the following people:

Name

Phone Number


Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign \_\_\_\_\_

Communication barriers prohibited obtaining the acknowledgment \_\_\_\_\_

An emergency situation prevented us from obtaining acknowledgment \_\_\_\_\_

Other \_\_\_\_\_

Thank you for choosing our office to serve your dental needs. We have listed our office policies for your convenience, and would appreciate the extra time that it may take to review them.

**PRIVATE PAY PATIENTS (No Insurance)**

We ask that all private pay patients pay in full at the time of service. For your convenience we accept Cash, Master Card, Visa, Discover, American Express, CareCredit or Personal Check. There will be a \$25.00 charge on all returned checks.

**PRIMARY INSURANCE**

As a courtesy, we do submit insurance claims. We request the deductible and co-payments be paid at the time of service. Should the account exceed 60 days with no response from your insurance company, we do expect the account to be paid in full by you.

**SECONDARY INSURANCE**

If you have a secondary insurance coverage, we will be more than happy to take your information and forward the claim for you to the secondary carrier. However, turnover for payment is 4-6 weeks per insurance company, therefore, we still ask that the account be paid in full within 60 days.

**MINORS (Children under 18)**

The person financially responsible by law for a child's visit, is the person which brings the child to the dentist. We understand that sometimes there are situations such as divorce in which a different parent has been ordered to pay medical / dental expenses. We will be more than happy to provide an estimate for services in advance so that the amount can be collected prior to treatment. We will also bill the responsible party following insurance payment, however, if payment is not received within 60 days we will expect payment in full, by the adult who attends the dentist with the patient. We will be happy to provide you with a proper receipt in which to take the responsible party to litigation.

**CANCELLING APPOINTMENTS**

We strive to treat our patients as quickly and conveniently as possible, however, we do schedule sometimes a month in advance. Patients in pain are often placed on an emergency list and are waiting for canceled appointments. For this reason we ask that you allow us enough time to fill your slot in our schedule if you are unable to keep your appointment. Due to this reason we will charge a \$45.00 fee for any appointment not canceled within 24 hours of scheduled time. We understand that sometimes appointments are overlooked or emergencies interfere, however if you miss 3 appointments without canceling your chart will be closed to our office.

**ADDITIONAL FAMILY MEMBERS**

We try to stick to our schedule as closely as possible. We have limited space available in our exam rooms, therefore, we ask only one adult accompany a child to the room. We would prefer that adults go back alone. Should special circumstance apply, please see our receptionist.

**SERVICE CHARGES**

There will be a \$4.00 charge added to each account if it exceeds 60 days. This also includes accounts which the insurance has not yet made payment. The average turn around for insurance payment is 4-6 weeks. If your insurance has not made payment within this time, the balance is due and payable by the patient and is still eligible for interest.

**CONTACT INFORMATION**

There are times that we need to confirm an appointment or speak to you about your account. Should you not be available at the numbers listed on your health history and we reach an answering machine, we need your permission to leave a message. By signing this paper, you are giving us permission to do so. Should you not want us to leave a message on your answering machine, please initial over this section.

**QUESTIONS**

Please feel free to ask any questions that you have about our office. We appreciate the fact that you have chosen us and we hope that you enjoy your visit with us. Patient comfort and quality dentistry is our main concern.

If you have read the above policies and understand them to be true for this office, please sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date