**Lofton Creek Smiles Family Dentistry**

*Your Privacy Is Important to Us*

**Acknowledgement of Receipt of Notice of Privacy Policies**

I have received a copy of the Notice of Privacy Practices of Lofton Creek Smiles Family Dentistry. I hereby authorize, as indicated by my signature below, Lofton Creek Smiles Family Dentistry to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent form.

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Print Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Please check your preferred means of communication:**

* You may contact me at my home telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* You may contact me on my mobile telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* You may contact me on my work telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* You may send me an unencrypted email/text message at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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
* Communication barriers prohibited obtaining the acknowledgement
* An emergency situation prevented us from obtaining the acknowledgement
* Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Person Initials \_\_\_\_\_\_\_\_\_\_\_

**INFORMATION FOR OUR PATIENTS WITH DENTAL INSURANCE**

Dental insurance is playing a larger role in helping people obtain dental treatment. Since we feel strongly that our patients deserve the best dental care we can provide, and in an effort to maintain a high quality of dentistry, we would like to share some facts about dental insurance with you. We consider our relationship with you to be of primary importance and will always be making our recommendations to you based on what we believe is the very best treatment for you regardless of your insurance coverage. As the patient, it is your responsibility to deal with your insurance company and your employer. We will assist in any way possible to maximize your dental insurance benefits but to reemphasize; we have no relationship or responsibility to your insurance company.

**Fact 1:** Dental Insurance is not meant to be a “PAY ALL” it is only meant to be an aid

**Fact 2:** Many plans tell their insured that they will be covered up to 80-100%. In spite of what

you’re told, we’ve found many plans cover 40-50% of an average fee. Some plans pay more…some payless. The amount your plan pays is determined by the contribution you and your employer make to your dental plan. The smaller the contribution paid into the plan for “insurance”, the less you’ll

receive. It is your responsibility to advise us of your insurance coverage and restrictions

**Fact 3:** It has been the experience of many dentist that some insurance companies tell their

customers that “fees are above the usual and customary fees” rather than saying to them that “our

benefits are low”. Remember you get back only what you and your employer put into your insurance

coverage less the profits of the insurance company. In dealing with over 1000 dental insurance plans,

most plans do cover our fees at the “stated” percentages

**Fact 4:** Each plan utilized in our office has different percentages, deductibles, maximums,

procedures covered, and varying fees that the plan will allow. We will do our very best to make a

close a calculation as possible of what your insurance plan will cover. However, as we cannot

estimate precisely, there may be variances

**Fact 5:** Many routine dental services are NOT covered by insurance carriers. We make our

recommendations based on your needs and not on what your insurance may or may not cover.

Please do not hesitate to ask us any questions about our office protocol. We want you to be

comfortable in dealing with these matters and we urge you to consult us if you have any questions

regarding our service or fees. We will fill out and file insurance forms at no charge. We will do all we can to assure you of your maximum benefits.

If you have any questions regarding your insurance, please contact your insurance carrier regarding

the specifics and details of the plan they are operating on your behalf.

∞ I authorize the release of all necessary information

∞ I authorize payment of benefits directly to the provider

∞ I have read this form and agree to be financially responsible for all fees regardless of coverage.

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Patient Signature Date

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