ALWAYS A SMILE

Ronald M Olszewski, DDS
Acknowledgement of Receipt of Notice of Privacy Practices

PATIENT NAME_____ **DOB** _____

Your name and signature on this sheet indicate that you have been given the opportunity to review and request a copy of the Always A Smile Privacy Practices on the date indicated. If you have any questions regarding the information in the Always A Smile Notice of Privacy Practices, please do not hesitate to ask us.

SIGN_____   **DATE**   _____

HIPAA Release of Information Authorization

[   ] I authorize the release of information including the diagnosis, records of treatment rendered to me and claims information. This may be released to (*please print*):

_____

NAME AND RELATIONSHIP

SIGN_____ **DATE**_____/_____/_____

[   ] Information is not to be released to anyone with the exception of what is necessary for insurance claim payment.

SIGN_____ **DATE**_____/_____/_____

This RELEASE OF INFORMATION will remain in effect until terminated by me in writing.

Financial Policy

Prior to providing treatment, the recommended treatment options and costs will be discussed. If requested, we can complete a pre-treatment estimate with insurance, please keep in mind insurance companies do not guarantee benefits when we verify coverage. You may still receive a bill once insurance pays their portion; you are responsible for any outstanding balance after insurance. Payment is due at time of service by cash, check, all major credit cards, and care credit which can be applied for online. Appointments are necessary and failure to notify us of cancellation within 24 hours may result in a $30.00 failed appointment fee. Continued failure to keep appointments may result in discontinued care. It is your responsibility to update any changes to your insurance coverage, address, and contact information.

I have read and agree to the above financial policy. I authorize to keep my signature on file for any future payments and insurance claims and assign my insurance benefits to provider listed.

SIGN_____ **DATE**_____/_____/_____