This Acquaintance Form will help us to serve you better. We will do our best to make your appointments as convenient and pleasant as possible. Please free free to ask our staff if you have questions regarding your treatment, your appointments, or fees. We are glad you are here!

***PLEASE PRINT***

Mr / Mrs / Miss: ________________________________ Birthdate: ________________
First Middle Initial Last Month / Day / Year

Home Phone Number: ______________________ Soc. Sec. #: ____________________

Home Address: ________________________________ City & Zip: ________________

E-mail Address: ___________________________ Cell Phone: ____________________

**Employer:** _____________________ Work Address: ___________________________

Work Phone: ____________________ Present Position: _________________________

**Spouse's Name:** __________________________ Soc. Sec. #: ____________________

Employer: ______________________________ Birthdate: _______________________

Work Phone: ____________________ Work Address: ___________________________

**Dental Insurance Co:** _______________________ Insured's Employer: _______________

Insurance Co. Address: ______________________ Phone #: _______________________

Group or Plan #: ___________________________ Subscriber ID #: _________________

***BILLING***

**Person Responsible for Bill:** __________________ Birthdate: _______________________

Relationship to you: _________________________ Soc. Sec. #: ____________________

Billing Address: ____________________________ City & Zip: _____________________

**Emergency Contact:** ________________________ Phone: _________________________

Relationship to you: _______________ Whom may we thank for referring you to us? _________

**APPOINTMENTS:** We work by appointment only so your wait will be minimal and your treatment done efficiently. To help us serve you better we ask for 2 business days notice for changes in your appointment. Not showing or canceling same day may result in a fee and possible loss of future appointment privileges.

**INSURANCE:** To avoid misunderstanding regarding dental insurance, we want our patients to know that all professional services rendered are charged directly to the patient and that patients are personally responsible for payment of fees. We will prepare necessary forms or reports to help you obtain your benefits from insurance companies. We do not render our services on the basis that insurance companies will pay all our fees. Each fee is individual for the individual patient.

______________________________________ ____________________________
Signature Date

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**You Have the Right to Refuse to Sign this Acknowledgement**

I, ____________________________, have received a copy of this office's Notice of Privacy Practices.
Name

____________________________________________
Responsible Party, Print Name

____________________________________________ ____________________________________
Signature Relationship to Patient

____________________________________________
Date

## AUTHORIZATION TO RELEASE INFORMATION

**Purpose:** This form is used to obtain authorization to release information regarding yourself covered under the privacy act to people other than yourself. Allows us to discuss treatment, appointments or finances with parents, spouses, secretaries, etc. as you designate.

I, ____________________________, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.
Name

____________________________________________ ____________________________________
Print Name Relationship

____________________________________________ ____________________________________
Print Name Relationship

____________________________________________ ____________________________________
Print Name Relationship

## 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 the acknowledgement
☐ Other *(Please explain):* ________________________________________________
__________________________________________________________________________