



Acknowledgement of Receipt of Notice of Privacy Practices Busch, Hutchison & Carlyon DDS Financial Policy

A COPY OF OUR NOTICE OF PRIVACY PRACTICES CAN BE REVIEWED UPON CHECKING IN FOR
YOUR APPOINTMENT

Payment is due at the time of service unless prior arrangements have been made. Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he/she is personally responsible for payment of all dental services. This office will assist in completing the necessary insurance forms. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

Print Name

Signature

For Office Use Only

Our office attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained for the following reason:

____ Patient refused to sign

____ Communication barriers prohibited obtaining the acknowledgement

____ An emergency situation prevented us from obtaining acknowledgement

____ Other _____

