POLICY ACKNOWLEDGMENT

Cottonwood Creek
DENTAL

Financial Policy

We are committed to providing you with the highest quality of dental care. We have created a financial policy to reduce our administrative costs in order to keep our fees as low as possible.

We accept Cash, Check, MasterCard, Visa and American Express. Financing is also available to our patients with a simple application.

For those patients who have dental insurance benefits, we are here to assist you in the processing of your insurance claim. In order to assist you, please bring your insurance card to your appointment.

Your insurance co-payment is due in full at the time of service. All charges incurred at Cottonwood Creek Dental are ultimately the responsibility of the patient regardless of dental insurance benefits.

Responsible Party Name: _____

Date: _____

Notice Of Privacy Practices

Patient Name: _____

Responsible Party Name: _____

Patient or Responsible Party Signature: _____

Date: _____

* By signing this form, I understand that at anytime I may request a copy of the Notice of Privacy Practices documentation for my personal records.

Office Use Only

I attempted to obtain the patient's signature in acknowledgment on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date: _____ Initials: _____ Reason: _____

By: _____