



FAMILY & COSMETIC DENTISTRY

DRS. DAUBENSPECK, KIGGINS, & SZABO

INSURANCE SIGNATURE ON FILE

Patient Name: _____

PRIMARY POLICY HOLDER INFORMATION:

Policy Holder: _____ (Please Print)	Relationship: _____
Employer: _____	Telephone: _____
DOB (mm/dd/yyyy): ____/____/____	SS#: _____
Insurance Company: _____	Insurance Phone#: _____
Group #: _____	

SECONDARY POLICY HOLDER INFORMATION:

Policy Holder: _____ (Please Print)	Relationship: _____
Employer: _____	Telephone: _____
DOB (mm/dd/yyyy): ____/____/____	SS#: _____
Insurance Company: _____	Insurance Phone#: _____
Group #: _____	

- I authorize use of this form on all my insurance submissions.
- I authorize release of information to all my insurance companies.
- I understand that I am responsible for my bill.
- I authorize my doctor to act as my agent in helping me obtain payment from my insurance company(s).
- I authorize payment directly to my doctor.
- I permit a copy of this authorization to be used in place of the original.

I understand and acknowledge that I am financially responsible for the treatment provided for myself and/or the above named dependents regardless of insurance coverage. I agree to pay any and all cost for missed or broken appointments, returned check fees, collection fees, and any reasonable attorney's fee associated with collections.

SIGNATURE: _____ DATE: _____



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RECIPT ACKNOWLEDGEMENT OF HIPPA PRIVACY POLICIES & PROCEDURES

*****You Have The Right To Refuse To Sign This Acknowledgement*****

I, _____, hereby acknowledge

(Please Print Name)

that Family & Cosmetic Dentistry has personally provided me a copy of the HIPPA Privacy Policies & Procedures.

In addition, I authorize Family & Cosmetic Dentistry to release dental information related to my account to the entities listed below:

Name Relationship

Name Relationship

Name Relationship

{Signature}

{Date}

FOR OFFICE USE ONLY

We attempted to obtain a signed personal receipt acknowledgement of the HIPPA Privacy Policies & Procedures, but failed to do so because:

- Individual Refused to Sign Acknowledgement.
- Communication Barriers Prohibited Obtaining the Acknowledgement.
- An Emergency Situation Prevented Us From Obtaining Acknowledgement.
- Other (Specified Below):

