



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY**

I have received a copy of this office’s Notice of Privacy Practices on this date \_\_\_\_\_. I understand that by signing this form I consent to your use of my protected health information to carry out treatment, payment activities, and health care operations. Your office will continue to use my information in some of these ways: by calling me by my first and last name from your waiting room, by mailing me reminder appointment cards with reason for visit, and by calling to confirm appointments, as described in our Notice of Privacy Practices.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**ANSWERING MACHINE MESSAGES**

I consent to the office leaving a message of my answering machine confirming future appointments.

\_\_\_\_\_ Initials

I **DO NOT** wish to have the office leave a message on my answering machine to confirm appointments.

\_\_\_\_\_ Initials

**PREMEDICATION REMINDER**

I consent to a reminder on either a recall card or a phone message stating “remember to take your premedication”.

\_\_\_\_\_ Initials

I authorize Babcock Dental Center to bill me via mail, email, and/or text \_\_\_\_\_ Initials

**MINOR/CHILD CONSENT**

I, being the parent/guardian of \_\_\_\_\_, do hereby request and authorize the dental staff to perform necessary dental services for my child, including but not limited to x-rays and the administration of anesthetics, when deemed necessary by the dentist, whether or not I am present at the actual appointment when treatment is rendered.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**SIGNATURE ON FILE**

I hereby authorize the office of BABCOCK DENTAL CENTER, PC to affix my name to any claims and documents as related to any and all health benefits due from myself and my dependants. I hereby authorize payment of dental benefits to the office of BABCOCK DENTAL CENTER, PC. A photocopy of this document shall be considered valid.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Insurance is a contract between you and the insurance company. We file claims as a courtesy to our patients. We will assist in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, “usual and customary” charges, etc. You are, however, ultimately responsible for the timely payment of your account.**