Grabill
FAMILY DENTISTRY
Laurene A. Grabill, D.M.D, P.C.

FINANCIAL POLICY

- I understand that payment is expected at the time of service unless prior arrangements have been made.
- I understand that a billing charge will be added to my unpaid account each time a statement is sent.
- I understand that any fees associated with the collection of this account will be my responsibility.

PRIVACY PRACTICES ACKNOWLEDEGMENT

- I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to: a)Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment and indirectly, b) Obtain payment from third-party payers, c) Conduct normal healthcare operations such as quality assessments and physician certifications.
- I am aware that the full Privacy Practices Notice may be found on www.grabillfamilydentistry.com. I understand that this organization has the right to change its Notice Of Privacy Practices from time to time. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare operations.

Patient Name(printed)_____

Relationship to Patient_____

Signature_____

Date_____