
Acknowledgement of Receipt Of Notice of Privacy Practices

Patient Name & Address: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared By _____

Signature _____

Date _____

Flip Over

Bright Smiles Policies

*Thank you for choosing Bright Smiles Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Please note:

Bright Smiles Family Dentistry requires payment at the time of service.

For larger more complicated treatment (\$250.00 or more) a deposit of \$120.00 is needed to secure your appointment.

For patients with dental insurance we are happy to work with your primary carrier to maximize your benefits. The estimated patient portion is due at the time of service.

Bright Smiles Family Dentistry charges \$25.00 for returned checks.

WE HAVE A 24 HOUR CANCELLATION POLICY

*In order to keep our schedule running smoothly and for us to be able to be on time for your appointment the following policy is put in place:

-Our team will make every effort to confirm your appointment 48 hours prior. However, it is your responsibility to let the office know if you are unable to make the appointment. If your appointment is confirmed but you do not show for any reason without a 24 hour notice, our office will charge your account \$60/hour to cover the cost of the office and the staff that was reserved for you. You will not be given a new appointment until the "no show" fee is paid. Exceptions are given on an individual basis and circumstances.

We value your time at our office and we will try to do everything possible to make your experience as pleasant and efficient as possible.

If you have any question, please do not hesitate to ask. We are here to help you with the dentistry you need and want.

Patient, Parent, or Guardian Signature

Date