

**Bencivengo & Ko D.M.D.**

**Patient Privacy Consent Form**

By signing this form, you consent to our use and disclosure of protected health information about your treatment, payment, insurances, referrals and health care operations. You have the right to revoke the consent, in writing signed by you. However, such revocation shall not affect any disclosures we have already made in reliance on your prior consent. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Finally, you may refuse to consent to the use or disclosure of your protected health information. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Protected Health Information (PHI).

**Financial Obligations/Payment Guidelines**

Patient with dental benefits: As a courtesy to our patients who have dental benefits, we are happy to file your claims electronically for our office. Please understand that it is your responsibility to know your specific plan/policy coverage. Your dental benefits may cover more or less than we estimate. It is impossible to give exact dental insurance quotes as it is a contract between the employer and your insurance company. Therefore, after we receive payment from your insurance we will send you a statement with any remaining balance.\_

Patients without dental benefits: Patients without dental benefits are required to pay in full at the time of services rendered unless financial arrangements have been made with the Administration staff.

\*A \$50.00 charge is applied to any person who cancels without a 24 hour notice.

\*Payment Plans are offered through Care Credit and recurring payments made here at the office.

\*A late charge of 1.5% will be applied to any balance 25 days over the due date. I agree to pay collection costs and reasonable fees incurred by failed account payments.

**I have reviewed, understand and agree to the consent of the notice of privacy (HIPAA) and the office financial agreement and office guidelines.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_