

ADVANCED IMPLANT AND COSMETIC DENTISTRY

DANIEL J. PALLAY, DDS, FICOI
440 BROOKLAWN AVENUE
BRIDGEPORT, CT 06604
(203)576-1918

Explanation of Practice Policy

Patient who carry any form of dental and/or surgical insurance should know all services furnished are charged directly to the patient, and that he/she is responsible for payment.

We will prepare any necessary forms to assist in making collection from your insurance company and will credit such collections to your account.

However, we cannot render services on the assumption that your charges will be paid by your insurance company.

Most misunderstandings about insurance can be avoided if you understand what your policy covers. All insurance forms processed by this office, prior to payment in full, are assigned to this practice. Your cooperation with complying with the terms of this assignment will be appreciated.

Assignment of Benefits

I, the undersigned, hereby authorize payment of dental and/or surgical benefits directly to Daniel J Pallay, DDS, FICOI

Patient/Guardian

Date

Statement of Financial Responsibility

I, the undersigned, have read the above and realize that all dental and/or surgical charges incurred by me, or my dependents for services rendered by Daniel J Pallay, DDS, FICOI are my financial responsibility. All court fees, attorney fees or other fees necessary to collect this account are payable by me.

Patient/Guardian

Date

Statement of Scheduling Policy

The office reserves the right to charge \$30 for failure to keep an appointment without 24 hours prior notice. This office also reserves the right to cancel any appointment without notice due to a scheduling change.

Patient/Guardian

Date

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Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ have received a copy of this office's notice of Privacy Practices.
(PLEASE PRINT YOUR NAME)

Patient/Guardian

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency prevented us from obtaining the acknowledgement
- Other (specify): _____

