

DOTHAN COSMETIC DENTISTRY

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Print name

Signature

Date

Signature of File

I acknowledge that Dothan Cosmetic Dentistry is a fee-for-service office and that payment or payment arrangement is made at time of treatment. I understand that they will gladly file my insurance information for me, but that this is no guarantee for reimbursement. I also understand that they will do their best to attain the allowable reimbursement for me, and that I should inform them if I do not receive compensation within a reasonable period of time.

I give my consent for Dothan Cosmetic Dentistry to file this information for me.

Signature

Date