BRISTOL FAMILY DENTAL
815 Pine Street, Bristol, CT 06010 · Phone 860-589-2794 · office@bristolfamilydentalct.com

Updated Patient Information

Name: _____

Address: _____

_____, _____ _____

Appointment reminder preference (Circle One): Call Text Email

Best contact number: (_____) _____-_____ ex._____

Email: _____

Emergency Contact: (_____) _____-_____ ex._____

Insurance: _____ Group #: _____

Policy Holder: _____ Date of Birth: ____/____/____

Employer: _____

Provider Number: (_____) _____-_____

Claims Address: P.O. Box _____

City: _____ State: _____

Zip Code: _____

BRISTOL Family DENTAL

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I acknowledge the following party and or parties to be privy to my health information. Please state **name, relationship & best way to contact** the appropriate party.

1. _____
2. _____
3. _____

_____
Please Print Your Name

_____
Signature

_____
Date

* You may refuse to sign this acknowledgement *

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 situation prevented us from obtaining acknowledgement
- ❑ Other (Please Specify)

BRISTOL DENTAL

Authorization and Consent for Services

I, _____, hereby certify that I have read and understand the previous information and that it is accurate and true to the best of my knowledge. I acknowledge that providing incorrect information has the potential of being hazardous to your health.

As a condition of treatment of this office, financial arrangements **must be made in advance**. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any other dental services performed without previous financial arrangements, must be paid in full at the time of service.

I authorize the dentist to release any information including the diagnosis and records of treatment or examination for myself and my dependent(s) to third-party insurance carriers, payors, and/or healthcare practitioners. I authorize the payment from my insurance carrier to submit payment directly to the dentist or dental practice to be applied directly to any outstanding balance on my account.

I understand that I am financially responsible for any outstanding balance for services provided that are not fully covered by insurance, and I will be billed for this remaining balance. I consent and agree to be financially responsible for payment of all services rendered on my behalf or on my dependent (if any).

A finance charge of 1% per month on any unpaid balance will be charged on all accounts exceeding sixty days. If legal or collection services are required to obtain payment, I understand that I will be responsible for all collection and legal costs associated with this debt.

*Cancellation Policy:

An appointment at Bristol Family Dental, is a reservation. If you are unable to keep your scheduled appointment, we require a 48 hour notice, or a fee will be assessed as follows:

- $50 will be charged for all appointments 1 hour or less. **PLEASE INITIAL**_____
- $100 will be charged for all appointments over an hour. **PLEASE INITIAL**_____
- We will require a deposit of $100 to reschedule any appointments with the doctor that are an hour and a half or longer. Your deposit will go towards your treatment. **PLEASE INITIAL**_____

*Payment options:

*Visa, MC, Amex, Disc, Cash, Check, Care Credit

* 5% courtesy is given if a multi-appointment treatment plan if paid in full at or before the first appointment. Cannot be combined with dental insurance.

*10% courtesy is given to seniors with no dental insurance or the membership plan, and only applies if paid in full.

Patient/Guardian Signature: _____ Date: _____/_____/2023