

Martintown Dental Associates

Michael C. Hall, D.M.D, LLC

Gary A. Waugh, P.A.

CONSENT TO DISCLOSE HEALTH INFORMATION:

By signing this form, you are granting consent to Dr. Waugh's office to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we do, you may obtain a copy of the revised notice by contacting us at (803) 278-2223. You have a right to request that we restrict how we use and disclose your protected health information for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by agreement.

PAYMENT OPTION FORM:

Our office is committed to helping you maximize your insurance benefits. Because insurance policies vary, we can only ESTIMATE your coverage in good faith but cannot guarantee payment due to the complexities of insurance contracts. We will provide you with a detailed Treatment Plan to thoroughly explain your options. This plan enables us to estimate your portion due at time of service. You are responsible for all fees associated with collection of unpaid balance. We have a Financial Coordinator to assist you with any questions or concerns.

Our office offers you a variety of payment options to meet your needs. We do accept major credit cards, cash, check, Health Care flex spending, and Care Credit.

Patient Signature (Parent/ Guardian)

Date