



### **Our Policy of Care and Payment**

Ensuring that our patients receive high quality care is the goal of our practice. Belk Ditcharo Dental files all insurance as a courtesy to our patients. However, payment of deductibles and patient percentages are due when services are rendered.

Payment options include:

- Cash, Personal Check, or Debit Card
- Major Credit Cards
- Care Credit Extended Payment Plans
- Capital One Dental Fee Plan

Please feel free to discuss options with our staff before services are rendered.

I hereby authorize payment of dental benefits directly to Belk Ditcharo Dental.

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Patient's Name

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Signature of Person Responsible for Payment

Date



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

(You may refuse to sign this acknowledgement.)

I, \_\_\_\_\_, have read a copy of this office's notice of Privacy Practices.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of privacy practices, but acknowledgement could not be obtained because:

\_\_\_\_ Individual refused to sign.

\_\_\_\_ Communication barriers prohibited the acknowledgement.

\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement.

\_\_\_\_ Other (please specify).

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