**\*HIPAA PATIENT PRIVACY NOTICE FOR PITT ON PENN\***

**Request for Release of Dental Information**

I authorize my dental records to be released to any insurance related requests and/or information to other dental offices as is necessary.

You may discuss my medical/dental information with the following people:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Consent/Financial Agreement**

Although we are not in network with all insurance carriers, we do want to help you receive the maximum reimbursement to which you are entitled through your carrier and will do our utmost to process your claims.

**IN NETWORK PROVIDERS:** BCBS of Oklahoma, Delta Dental Plus Premier and Healthchoice.

I understand that I am responsible for any expenses beyond what insurance may pay. We accept cash, checks, Care Credit and all major credit cards.

**48 Hour Appointment Cancellation Policy**

If you miss, cancel or change your appointment with less than 48 hours notice, you may be subject to a cancellation fee of $35.

This policy is in place out of respect for our staff and patients. Cancellations with less than 48 hours notice are difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from being able to schedule into that time slot.

Thank you for your understanding and cooperation.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**