

**Patient Acknowledgment of  
Receipt of Dental Materials Fact Sheet and Notice of Privacy Practices**

As of January 1, 2002, the Dental Board of California now requires that we distribute to our patients a copy of the Dental Materials Fact Sheet. In addition, the Health Insurance Portability and Accountability Act (HIPPA\_ requires, effective April 14, 2003, that patients be give a copy of our Notice of Privacy Practice.

If you would, please PRINT and SIGN you name bellow,

I, \_\_\_\_\_, acknowledge I have received from this office.  
(If you do not want a copy of either sheet, please inform the front desk personnel)

1. A copy of the Dental Materials Fact Sheet, and
2. Notice of Privacy Practices

\_\_\_\_\_  
Patient or Guardian Signature

If signed by a Personal Representative of the patient, describe the representative's authority to act for the patient.

- 1) Returned Checks:** There will be a \$25 fee for all returned or stopped checks after services are rendered
- 2) Missed/Cancelled appointments:** A missed appointment or late cancellation fee of \$50 per scheduled hour will be assessed for any notice less then 48 business hours. This will be waived 1 time for emergencies only and by Dr. Pham's discretion.
- 3) Pre- Authorizations:** Progressive Dental Arts will do Pre-authorizations for any and all treatment that needs to be completed, but only when requested by the patient, there will be a \$25 fee that will be put towards the payment for the services rendered.
- 4) X-ray Duplication:** We are more then happy to send digital images to other dental specialists but if the office does not have digital capability there will be a \$25 fee for x-ray duplication.
- 5) Insurance Patients:** As a courtesy, we file your insurance for you and allow 30 days for insurance payment on your account. On the day of service we will collect only a portion of the fee charged for the services rendered. Any balance left on the account after the insurance payment is received is the responsibility of the financial guarantor.

I the undersigned, certify that I have read, understand and agree to abide by the above policies.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

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 acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)