

Southern Dental Birmingham, LLC

4960 Valleydale Road

Suite 100

Birmingham, AL 35242

PATIENT CONSENT FORM

I understand that, according to the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certification.

I have been informed by Southern Dental Birmingham LLC of their **Notice of Privacy Practices** containing a more complete description of disclosures of my health information. I have been given the right to review such **Notice of Privacy Practices** prior to signing this consent. I understand that this organization has the right to change its **Notice of Privacy Practices** from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the **Notice of Privacy Practices**.

I understand that I may request in writing that Southern Dental Birmingham LLC restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand this organization is not required to agree to my restrictions, but if they do agree then they are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that Southern Dental Birmingham LLC has taken action relying on this consent.

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____

Southern Dental Birmingham, LLC

4960 Valleydale Road

Suite 100

Birmingham, AL 35242

Office/Financial Agreement

Welcome to our office! We are honored that you have chosen us as your dental provider. We will make every effort to make your appointment as convenient and pleasant as possible. We are committed to providing you with the best care. To achieve these goals, we need your assistance and understanding of our office policies:

1. **Your balance is due when services are rendered.** If you have insurance, we will provide an estimate for your dental treatment. We accept payment in Cash, Check, Debit, Mastercard, Visa, American Express, Discover and Care Credit.
2. If you have dental insurance, we will be happy to file it for you as a courtesy. Please be aware we can only provide you with an estimate. We cannot guarantee what your insurance will pay. **If you have two insurance policies, we will base your portion on the primary coverage. You will be responsible for submitting claims to your secondary carrier for any further reimbursement. All balances past 30 days will be subject to interest charges of 1.5% or 18% annually.**
3. For extensive treatment, we may offer an incentive or a discount when paying in full. We will always clarify financial arrangements prior to treatment.
4. When account balances exceed 90 days, we reserve the right to forward to an outside collection agency.

AGREEMENT TO PAY: I, the undersigned, accept the fees charged as legal and lawful debt and agree to pay said fees, including any or all collection agency fees (33.33%), attorney fees and or court costs, if such be necessary. I waive now and forever my right of exemption under the laws and constitution of the State of Alabama and any other state.

5. Please be aware, all fees quoted are **valid for 90 days**. In the event clinical conditions warrant a different treatment plan, you will be informed of the fee changes prior to treatment.
6. A \$30.00 NSF Fee will be charged on all returned checks.
7. **Broken appointments and cancellations with less than 24hour notice are subject to a fee. Please be considerate of others in need of appointments.**
8. EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE: I agree, in order to service my account or to collect monies I may owe, Southern Dental Birmingham, LLC and their agents, may contact me by phone or any phone associated with my account, including wireless phone numbers which could result in charges to me. Southern Dental Birmingham, LLC may also contact me by sending text messages and emails using the email address that I have provided. Methods of contact may include: pre-recorded or artificial voices and or use of an automatic dialing device, as applicable. **I/We have read this disclosure and agree that Southern Dental Birmingham, LLC, its employees and/or agents may contact me/us as described above.**

Patient: _____ Date: _____

Responsible Party Signature: _____

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