

Amini & Associates

General Reconstructive Dentistry
Dorsey Hall Professional Park
5016 Dorsey Hall Drive, Suite 103
Ellicott City, MD 21042
(410) 740 – 1400

Frederick Dental Solutions
Springridge Professional Center
9099 Ridgefield Drive, Suite 206
Frederick, MD 21701
(301) 663 – 7733

Acknowledgment of Financial Responsibility

I was informed these procedures will be submitted to my insurance as a courtesy.

I understand that not all procedures are covered under my insurance plan or not subject to the allowable fee therefore no discount will be given from the fee quoted.

There are times when immediate procedures need to be done which may not be covered by my insurance plan.

Insurance plans base their benefits on the least expensive procedure that provides professionally acceptable results, but this is not what is always best for the patient. This would lead to our office using inferior quality materials which do not add to the investment of dental treatment.

I understand that I am financially responsible for all dental treatment.

Patient name: _____

Patient signature: _____ Date: _____

Acknowledgment of Receipt of Notice of Privacy Practices (HIPAA)

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I choose) and understand the notice.

Print Patient Name

Patient Signature

Today's Date

Parent or Authorized Representative
(if applicable)