SOUTHWEST ORTHODONTIC ASSOCIATES, PC

A Professional Corporation

A: PRIVACY POLICY

Southwest Orthodontic Associates, P.C. maintains patient information concerning dental records and insurance in the strictest confidence. Please sign the release below, which allows us to share needed and relevant information with your insurance carrier. Your signature also allows us to provide dental information to other healthcare providers responsible for your care. Information will not be shared with any other party, without prior written approval, except where required by law.

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Inital

B: AUTHORIZATION TO RELEASE INFORMATION

I authorize any holder of dental or other information about me, or parties for whom I am responsible, to release such information to the insurance carrier, for which I have provided information to Southwest Orthodontic Associates, P.C or other party for purpose of processing this insurance claim. I permit a photocopy of this authorization to be used in place of the original.

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Inital

C: AUTHORIZATION OF COMMUNICATIONS

I hereby authorize Southwest Orthodontic Associates, P.C staff to discuss, call or txt my cell phone or other designated location and leave a detailed message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment and healthcare operation, such as appointment reminders, insurance items and call pertaining to my dental care. I also authorize Southwest Orthodontic Associates, P.C to mail my home or other designated location, or e-mail my home or other designated location in a manner to assist in carrying out treatment, payment and healthcare operations.

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Initial

D: ACKNOWLEDGMENT OF PRIVACY RIGHTS

I acknowledge that Southwest Orthodontic Associates, P.C "Notice of Privacy Practices" has been made available to me for review. I understand that Southwest Orthodontic Associates, P.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Southwest Orthodontic Associates, P.C., Privacy Officer, 40 Northcrest Drive; Council Bluffs, IA 51503.

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Initial

E: Insurance or Employment Change

I acknowledge that my Insurance is estimated and most policies pay quarterly. Therefore in case of an insurance or employment change I am responsible for informing Southwest Orthodontic Associates, P.C. of any new insurance information. I understand I am responsible for the unpaid balance.

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Signature of Patient
(Or Legal Guardian)

Date