# HILLCREST DENTAL P.C.

## ASSIGNMENT OF BENEFITS

In requesting examination and/or treatment, I hereby authorize the release of all information (including radiographs) relating to that treatment to health service plans and insurance companies. I also authorize the release of such information to any peer review committee or state and local dental associations which may request it. Furthermore, I authorize payment directly to the dentist named below of the group insurance benefits otherwise payable to me, but not to exceed the actual charges for treatment rendered. **I understand that I am financially responsible for any charges not covered by my group insurance benefits.**

**PATIENT'S SIGNATURE**_____**DATE**_____

**RESPONSIBLE PARTY SIGNATURE**_____**DATE**_____

**DENTAL INSURANCE INFORMATION**

SUBSCRIBER'S NAME_____

RELATIONSHIP TO PATIENT_____

SUBSCRIBER'S PLACE OF EMPLOYMENT_____

ADDRESS_____

SOCIAL SECURITY NUMBER_____

BIRTH DATE_____

NAME OF INSURANCE COMPANY_____

ADDRESS_____

GROUP NUMBER_____

ID NUMBER_____

# HILLCREST DENTAL, PC

## ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of this office's Notice of Privacy Practices.

Name (please print): _____
Signature: _____
Date: _____

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I am a parent or legal guardian of _____ (patient name). I have received a copy of the Notice of Privacy Practices.

Name (please print): _____
Relationship to Patient: ☐ Parent ☐ Legal Guardian
Signature: _____
Date: _____

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If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices given to individual on _____ (date)

☐ In Person ☐ Mailing ☐ Email ☐ Other _____

Reason individual or parent/legal guardian did not sign this form:

☐ Did not want to
☐ Did not respond after more than one attempt
☐ Other _____

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

☐ In person conversation
_____
☐ Telephone contact _____
☐ Mailing _____
☐ Email _____
☐ Other _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____