RICHARD P. DOLENUCK, D. D. S., P. C.
4169 VIRGINIA BEACH BOULEVARD
VIRGINIA BEACH, VIRGINIA 23452
PHONE: 757-463-3834

NAME: (Print Please) _____

DATE: _____, **CHART#** _____

DATE of BIRTH: _____, **AGE:** _____

Financial Agreement and Release of Information

Authorization for Treatment: I hereby authorize treatment by Richard P. Dolenuck and/or affiliated dental staff members on behalf of myself and/or my minor child/children, including stepchildren. I understand that during treatment, the possibility exists for dental care workers to become directly exposed to my/and or my child's blood or body fluids. In the event of such direct exposure in a manner which may, according to the Centers of Disease Control Guidelines, transmit HIV/AIDS a sample of my/and or child's blood will be tested for the presence of infectious diseases. I consent that the results of the test will be released to me and the dental care worker who suffered the exposure. I further understand that I will be given an explanation about the procedure and will be given an opportunity to ask questions about the procedure. Initials: _____

Release of Information: I hereby authorize the release of any and all dental and/or charge information as is necessary for the third party reimbursement from any governmental agency or insurance payer involved in the payment of my or my child's care. In addition, I authorize the use of information from my or my child's dental record for the purpose of clinical quality improvement if such information is provided as required by applicable law in a manner that sufficiently protects my private health information. I also authorize the taking and use of radiographs. I understand that these radiographs will become part of my and my child's dental record. I hereby authorize representatives of the office of Richard P. Dolenuck, D.D.S. to leave appointment reminders on my answering machine, voicemail or by text message on my cell phone or email when indicated. Initials: _____

Obligation of Payment: I direct and assign payment from my insurance company to Richard P. Dolenuck, D.D.S. I understand that my insurance policy is a contract between my insurance company and me. I am responsible to Richard P. Dolenuck, D.D.S. for any charges not covered by my insurance including co-payments, deductibles and fees for non-covered services. *If using credit card as payment, there will be a 3% surcharge added to this balance. Upon default on any payment due to Richard P. Dolenuck, D.D.S., I agree to pay all cost of collections including collection agency fees of 40% of first $100 then 29% there after and an attorney's fee of 33 1/3%.
Initials_____

Balances Due and Billing Questions: Once payment has been received from my insurance company, any balance remaining on my account will be payable by me upon receipt of my statement. I understand that co-payments and deductibles are due prior to seeing the dentist. I have been informed that a fee of $35.00 will be applied to my account for any returned checks. The RETURNED CHECK FEE AND BALANCE OF CHECK is only payable in cash or money order. Please ask to speak to a billing representative if you have any questions regarding these issues. Initials _____

Acknowledgements/Certifications: Richard P. Dolenuck, D.D.S., office staff and the dental staff will not give your personal information to anyone, except specialists, that we refer you to. I certify that I have read this form and understand its content. I certify that I am the patient, the patient's parent or legal guardian and have the authority to grant consent. I certify that all statements and documents are true and correct. I understand that false statements or documents, or concealment of material facts may be prosecuted under the federal or state laws. Initials _____

Whitening Trays-Patient Information: Date patient given trays _____
Starting Shade: _____, Final Shade: _____

Thank you for selecting Richard P. Dolenuck, D.D.S. for your dental care provider.
Signature of Patient or Patient's Representative: _____
Relationship to patient if Parent, Guardian or Personal Representative: _____