

Dental Arts of Rockland
523 Route 303
Orangeburg, New York 10962
(845) 359-0407

Acknowledgement of Receipt of Dental Arts of Rockland, PLLC
Notice of Patients Privacy

By my signature below, I hereby acknowledge receipt of this Notice of Privacy Practices, and I acknowledge that the Practice will use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conducting health care operations.

I have also been advised of my rights to obtain access to and control my Protected Health Information

Signature of Patient, Personal Representative, or Parent/Guardian

Date

Financial Responsibility

I/We agree and personally guarantee, in consideration of services and materials provided by Dental Arts of Rockland, P.L.L.C., to be responsible for payment in full of the dental bill. I/We understand and agree to a rebilling fee in the amount of \$15.00 if account balance is not paid in full within 30 days. In the event that this matter is turned over to an attorney for collection, I/We agree that jurisdiction for the said collection shall be Rockland County, New York, that I/We shall pay twenty-five percent (25%) attorney's fees, interest on the unpaid principle balance at the rate of eighteen percent (18%) per annum and all costs.

Signature of Patient, Personal Representative, or Parent/Guardian

Date