

DRS. DELGADO & KUZMIK, P.C.

Our Financial Policy

Thank you for choosing us as your dental specialist. At Drs. Delgado & Kuzmik, P.C., we strive to deliver the finest surgical care as well as reasonable costs to our patients. Payment is expected at the time the service is rendered. For your convenience we accept Visa, Mastercard, Discover, American Express, checks and cash as well as participation with Care Credit.

We do not participate with dental or medical insurance plans, however as a courtesy to our patients we will be happy to submit all claims with the necessary information needed to expedite your reimbursement.

I understand that I have read the information contained and agree to be financially responsible for all charges incurred during my treatment at Drs. Delgado & Kuzmik, P.C.

Print Name _____ (name of Guardian if patient is a minor)

Signature _____ Date _____

PATIENT RECORD OF DISCLOSURES

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER:

- Home Telephone _____
- Written Communication
- Work Telephone _____
- Cell _____
- OK to leave message with detailed information
- Leave call back number only

Please list below any person(s) whom you are authorizing us to disclose information regarding your dental treatment.

NAME /RELATIONSHIP/PHONE (If different from patient)
(1)
(2)
(3)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have reviewed a copy of the Notice of Privacy Practices that is posted in the waiting room and have given permission to the above Record of Disclosures.

Please Print Name _____

Signature _____ Date _____