Dr. Brian D. Valle, P.A.
Functional & Cosmetic Dentistry
251 Najoles Road, Suite J
Millersville, MD 21108
(410) 987-9100

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT NAME _____
Print Name

PARENT OR GUARDIAN _____
Print Name

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

_____
Signature of Patient, Parent or Guardian Date

Financial Guidelines

We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible. Also, we understand the financial limitations that may influence your choice of care. We want to assure you of our flexible approach to financing.

You are responsible for the portion of your treatment not covered by insurance. Because we, too, must balance our finances, we do ask that you pay your portion of the bill at the time of treatment, unless prior arrangements have been made.

If you qualify, whether you have insurance or not we'll work with you to devise a method of payment that works for both of us. We also accept VISA, MasterCard, Discover, American Express, and CareCredit. We offer an In-House Discount Plan (please ask for details) for patients without insurance.

We hope that you find this information useful. Rest assured that we are here to help make quality dental care obtainable for all. We look forward to working with you to achieve excellent dental health.

Thus, we want you to know that we value your time and hope you will value ours. We have an automated reminding system that can text and email you three weeks ahead and again three days ahead of your scheduled appointment. This system can also be customized to your individual preference. Please call our office and give a 48 hour business notice of any cancellations to avoid a $75.00 charge. We are closed Friday thru Sunday.

Date: _____

Patient: _____ (Print)

Patient or Guardian: _____ (Signature)

AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS

Date: _____

I, _____,
Patient's Name

hereby consent that photographs that have been taken of me, may be used by: *Dr. Brian D. Valle, P.A.* for educational and/or advertising purposes.

_____ _____
Dentist's Signature Date

_____ _____
Patient's Signature Date