



Southpark art dentistry

EXCEEDING EXPECTATIONS. ONE SMILE AT A TIME

Dr. Elizabeth Smith and the entire staff would like to welcome you to Southpark Art Dentistry. We look forward to serving all your family's dental needs for many years to come. We appreciate the trust you have placed in us to provide the highest quality of dental care. In some introductory housekeeping, please review and initial each of the following information:

_____ **Financial Guidelines:** We will gladly process any standard dental claims for you. It is important to understand that any treatment rendered is the financial responsibility of the patient or guardian. Payment for the treatment rendered is expected at the time of service. If you have dental insurance, as a courtesy, we will file with the primary insurance carrier only. For any insurance coverage that cannot be verified at time of treatment or for any portion that insurance does not cover, payment is expected at the visit. Account balances over 90 days will be charged interest of 1.5% monthly and 18% annually. Returned checks are subject to a fee. I hereby authorize payment directly to **Elizabeth H. Smith, DDS PLLC** of the group insurance benefits otherwise payable to me.

_____ **Appointment Policy:** A scheduled appointment is a commitment of our time *just for you*. Therefore, we ask that you make every effort to keep that commitment. While we will always consider that personal emergencies and illness can occur, cancellations without 48-hour notice are subject to a fee. We look forward to serving you and appreciate your understanding in this matter.

_____ **HIPAA Notice of Privacy Practices Acknowledgement:** Please initial that you have read our *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of your health information. This organization has the right to change its *Notice of Privacy Practices* from time to time and you may contact this organization at any time at the address below to obtain a current copy of the *Notice of Privacy Practices*.

_____ **Informed Consent for General Dental Procedures:** Please initial that you have read our *Informed Consent for General Dental Procedures*. This form is intended to provide you with an overview of potential risks and complications. Do not sign that you have received this information or agree to treatment until you have read, understood, and accepted each paragraph. Please discuss the potential benefits, risks, and complications of recommended treatment with us. Be certain that we have addressed your concerns to your satisfaction before commencing treatment. No guarantee or assurance has been made by anyone at Southpark Art Dentistry regarding the outcome of dental treatment.

First Name : _____ Last Name: _____ Date of Birth _____

Signature: _____ Date: _____

Relationship to Patient: Self Parent Guardian Other

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