

NOTICE TO PATIENTS

We reserve appointment time to properly serve you and our patients. If you are not able to keep your appointment please contact us immediately. This advance notice allows us the opportunity to serve other patients by placing them into the time slot. Thank you.

As of August 1, 2012, there will be a **25.00** charge for all broken appointments without **24 hours notice**.

I have read and understand the above information.

Signature: _____

Date: _____

MATTHEW B. KICKLITER D.D.S.

311 COSBY HWY

NEWPORT, TN 37821

**MATTHEW B. KICKLITER D.D.S.
311 COSBY HWY
NEWPORT, TN 37821**

Informed Consent
(Please use initials only)

_____ **Consent for Care:**

I hereby give my consent for treatment to Dr. Matthew B. Kickliter D.D.S and staff.

_____ **Authorization to Leave Message:**

I hereby authorize Dr. Matthew B. Kickliter D.D.S. and staff to leave a message regarding pending appointments or tests received at my residence. I authorize Dr. Matthew B. Kickliter D.D.S. and staff to leave a message at my alternate phone number provided (employer, cell, etc.).

_____ **Acknowledgement Receipt of Notice of Privacy:**

I have received a copy of Notice of Privacy Practices as required by HIPAA Privacy Regulations, effective 4.14.03.

Insurance Authorization / Payment Guarantee

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or the party who accepts assignment below.

Signed _____

INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the physician or supplier of services.

Signed _____

I agree that I am solely responsible for all charges related to my visit. I understand that I am responsible for any and all balances due after insurance payments have been applied. I understand that I am responsible for all fees and legal expenses related to the collection of my balance. I understand that there is a \$30.00 returned check fee each time a check is processed and returned.

Signed _____ **Date** _____