ENDODONTIC & SPECIALISTS of Joliet

USES AND DISCLOSURES

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by notifying our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement,

By signing this form, you consent to our use and disclose of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance of your prior consent.

RELEASE OF INFORMATION/ ASSIGNMENT OF BENEFITS

Authorization is hereby granted to release information for the completion of my claim. I hereby authorize payment directly to Dr. Steven C. Logan the insurance benefits otherwise payable to me. I hereby agree to the following terms and conditions:
There is a 1.5% monthly late charge assessed on all balances after 60 days past due. A statement fee of $5.00 per month is assessed after 30 days past due. Checks, which are declared non-sufficient funds, will be charged a $25.00 service fee. Also, the undersign agrees to pay a collection fee of 33% of total owed when sent to collection, all attorney fees and court costs incurred by the creditor. All information provided is correct.

AUTHORIZATION FOR EXAMINATION AND TREATMENT

I authorize the dentist and staff to perform the procedures that may be necessary for diagnosis and treatment. Every effort is made to use the x-rays/periapicals that patients bring from their referring doctor, we do however reserve the right to take additional films as Dr. Logan deems necessary for the best treatment outcome.

I have read and understand the above paragraphs in their entirety.

Signed_____ Date _____
Relationship (if patient is a child) _____ Witness _____