Untied Dental
310 E. Court St. Ithaca, NY 14850
(607) 882-0352

Untied Dental

Patient Registration

Date____________ (please print) Home Phone (____) _____________

Patient Name Last ____________________First________________________M.I._____Perferred______________

Street Address___________________________ City_____________________ State______Zip_________________

E-mail________________________________ Cell Phone (____) ____

Sex ___M ___F Age_______ Birthdate___________ ___Married ___Widowed ___Single __Minor

___Separated __Divorced __ Partnered for ___ years

Who is responsible for this account? ________________________ Relationship to Patient____________________

Are you currently under the care of another dentist? Yes/No Name ________________________________

In case of emergency, who should be notified? ________________________________ Phone(____) ___________

Who may we thank for referring you? ____

NOTICE OF PROVACY PRACTICES PATIENT ACKNOWLEDGMENT

I have received and understand the Notice of Privacy Practices. The notice provides in detail the uses and the disclosures of my protected health information that may be made by this practice, individual rights, how I may exercise these rights and the practice's legal duties with respect to my information. I understand that the practice reserves the right to change the terms of its Notice of Privacy Practices, and make changes regarding all protected health information resident at, or controlled by this practice. If changes of the policy occur, this practice will provide me a revised Notice of Privacy Practices upon my request.

____ ________________

Signature of patient or parent (if minor) Date

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Written Financial Policy

Thank you for choosing Untied Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- Convenient Monthly Payment Plans[1] from CareCredit
  - Allow you to pay over time
  - No annual fees or pre-payment penalties

Please note:

Untied Dental requires payment at time of service.

There is a $42 fee for patients who "no-show" for their appointments.

There is a 1.5% monthly fee for accounts 60 days past due.

Untied Dental charges $35 for returned checks.

I understand I am responsible for all collection fees incurred should the account become delinquent. ________ please initial

Patient acknowledges the HIPPA policy. ______ please initial

I give permission for _______________________________ to speak on my behalf in regards to making appointment and payments.

Media Release:

I give permission for Untied Dental to use my photos ___ yes ___ No.
I give permission for Untied Dental to use my videos ___ yes ___No.
I understand that this media release does not expire; however, at any time I can discontinue my release. Initial ____________

____
Patient, Parent or Guardian Signature Date

____
Patient Name (Please Print)