

Kenneth K Hutchinson, D.M.D.  
Brandon L. Esco, D.M.D.

Welcome to our office. We will do our best to make your appointment as convenient and pleasant as possible. Any time you have any questions regarding your treatment, your appointments, or fees, please feel free to ask. In order to safeguard your health, it is important that you answer the following questions. Please remember that the answers to these questions are held in strict confidence.

**PATIENT INFORMATION**

Patient's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status \_\_\_\_\_ Hm Tel. \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer. Name \_\_\_\_\_ Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Whom may we thank for recommending us? \_\_\_\_\_

**SPOUSE OR PARENT INFORMATION**

Spouse / Parent Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus Tel \_\_\_\_\_

Names of Children / Parents \_\_\_\_\_

**INSURANCE INFORMATION**

Policy Holder \_\_\_\_\_ Birthdate \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group# \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name and phone number of the nearest relative (not living with you) \_\_\_\_\_

For your convenience we can accept VISA or Master Card, Discover and American Express

All fees for professional services are due and payable at the time of treatment. If you have insurance, as a courtesy, we will process your forms. We require that you pay your estimated portion when services are rendered and any unpaid balance that the insurance does not pay for after forty-five days. After that time a rebilling fee may apply. The patient (parent or guardian) will be held liable for attorney's fees of 15% of the balance due if unpaid after 90 days.

Please be advised that 48-hour notice is required to change an appointment. Last minute cancellations are subject to a broken appointment fee. Thank you for your cooperation in this matter.

I acknowledge and agree that payment for services rendered is due at the time that such service is rendered and that payment arrangements must be made in accordance with the terms of the financial policy. I authorize payment of benefits to Dr. Kenneth K. Hutchinson for services rendered under the terms of my insurance policy. I authorize Dr. Kenneth K. Hutchinson to release any dental information or other information necessary to process insurance claims.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OVER PLEASE ➡

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You May Refuse to Sign This Acknowledgement\*\***

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**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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We must provide this notice to each patient no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14, 2003. We must make a good-Faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. We must also make the Notice available at the office for patients to request to take with them. We must post the Notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised notice in our office as discussed above.

I, \_\_\_\_\_, have received a copy of this office's Notice of  
Privacy Practices. (Please Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
  - Communications barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
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