



# FIANDACA PERIODONTICS

**Dante J. Fiandaca, D.D.S.**

A Practice Limited to Periodontics  
• Dental Implants • Laser Periodontal Treatment

## **Receipt of Notice of Privacy Practices:**

I acknowledge that I have been provided with a copy of Fiandaca Periodontics, P.C. Notice of Privacy Practices on this day. The Notice contains information about how the practice may use and disclose my confidential information. I understand that Fiandaca Periodontics, P.C. has reserved the right to change its privacy practices that are described in the Notice and that a copy of any revised notice will be made available upon request.

## **Release:**

I authorize the dentist to perform diagnostic procedures, study of my (or my child's) dental condition, and treatment as may be necessary for proper oral health.

I authorize release of any information concerning my (or my child's) oral health care, advice and treatments provided to another dentist and/or physician.

I authorize release of any information concerning my (or my child's) oral health care, advice and treatments provided for the purpose of evaluating and administering claims for insurance benefits.

I hereby authorize payment of insurance benefits directly to the dentist or dental group otherwise payable to me. I understand that payment in full is expected at the time of service. Alternate financial arrangements will be considered if you have dental insurance other than Delta Dental.

I understand that my dental care insurance carrier or payer of my dental benefits may pay less than the actual bill for services. I understand I am financially responsible for payment in full of all accounts. Accounts that have not been fully paid or have had no acknowledgement for three months will be referred to a collection agency/lawyer.

I authorize the staff to leave a message on my home voice mail, answering machine, cell phone, other electronic device, or with a person who answers my phone in regards to my oral health, my appointment, or my financial obligations to the practice.

I have been fully informed of the above statements and have been given an opportunity to have all my questions answered regarding this document. I also certify that all information given to Fiandaca Periodontics, P.C. by myself is complete and accurate.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT**

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(Signature of Patient, Parent, or Guardian)

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(Date)