

Barry D. Laurent, D.D.S., LLC
GENERAL AND COSMETIC DENTISTRY

8292 B OLD COURTHOUSE ROAD • VIENNA, VA 22182 • (703) 893-1603 • www.barrylaurentdds.com

Dear Patient:

In an effort to provide you with flexible payment arrangements, we have expanded our payment policy.

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT

We now offer the following payment options:

- Cash
- Personal check
- Credit card
- Automatic monthly billing to your Visa or Mastercard
- Guarantee any amount not covered by insurance with Visa or Mastercard

Please make choice, sign below and return to office manager before treatment.

Our office is a fully approved and accredited user of the Visa and MasterCard Health Care Program which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your Visa or MasterCard on a monthly basis.

If none of the above apply, please see the office manager. Thank you.

Print Name _____

Signature _____

Date _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You may refuse to sign this acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Print name _____

Signature _____ Date _____

I give permission for Dr. Barry Laurent and/or his staff to discuss my dental work with:

For Office Use Only

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

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