

Randy Fagan, D.D.S.

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918-455-6406

Acknowledgement of Receipt of Notice of Privacy Practices and Insurance & Financial Policy

I have read and received a copy of the Notice of Privacy Practices and the financial policies. My signature below serves as acknowledgement of a clear understanding of my financial responsibility and provides information about how we may use and disclose your medical/dental information. I understand that if my insurance company denies coverage and/or payment for services provided to me, I assume financial responsibility and will pay all such charges in full.

Signature

For Office Use Only

We attempted to obtain written acknowledgement of receipt and review 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 prevented us from obtaining acknowledgement**
- Other (please specify)**