Valley Creek Family Dental
Patrick Mitsos, DMD

We invite you to discuss with us any questions regarding our services. The best dental health services are based on mutual respect between provider and patient.

Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collections agency fees, interest charges and any other expenses incurred in collecting your account.

I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider to release any information required to process insurance claims.

I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

Signature:_____ Date:___/___/____

Acknowledgment of Receipt of Notice of Privacy Policies

I, _____, have seen a copy of this office's privacy policies.

Print name _____

Address _____

City _____

List family members who are also patients: _____

_____

_____