Coral Springs Oral Surgery

2801 N University Drive, Suite 102

Coral Springs, FL 33065

 **ACKNOWLEDGEMENT OF RECIEPT OF HIPAA NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of this dental practice HIPAA notice of privacy practices

**Authorization to release medical info if needed**

This signature on file is my authorization for the release of any medical information / records required by Dr Laith Azzouni to obtain clearance for my surgical procedure done at Broward Oral Surgery.

**Policy on Payment**

Broward Oral Surgery may, at its option, impose a $15 late fees on a monthly basis for up to three months should unpaid invoices remain open for more than thirty (30) days. The last fee gets added to your remaining balance.  For example, if your balance due is $100.00 and it remains unpaid for over 90 days your new remaining balance will become $145. After 90 days, your account becomes eligible to be placed with a third-party collection agency.

 **CELL PHONE USE**

I provide consent for Broward Oral Surgery dental practice to use my cell phone number to (choose one or both)

 Call

 Text

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Name ( Please print )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Signature DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_