

# **CREWS & NIBERT FAMILY DENTISTRY**

## **CONSENT FORM**

1. I am consenting to examination and treatment by dental care providers of **Crews & Nibert, DDS, Inc. Family Dentistry**.
2. I understand that payment is required at the time of service, and I am ultimately responsible for services provided to me. I authorize the **Crews & Nibert, DDS, Inc. Family Dentistry** to submit insurance claims on my behalf. Where it is appropriate to bill my insurance carrier directly, I authorize the payment of insurance benefits be made directly to the **Crews & Nibert, DDS, Inc. Family Dentistry Practice**. I certify that all information given by me in applying for payment by any third party is true and accurate. I authorize the release of my medical/dental records and bills to any insurance company paying all or part of my account.
3. **Appointments:** We value the time our patients set aside for their dental needs, therefore we request that patients notify us if an appointment needs to be rescheduled at least **48 hours** prior to the appointment. This allows our office to meet the dental needs of other patients who are waiting for care. If an emergency arises, as they often do, and a patient is unable to attend their appointment, our office requires communication that the appointment will be missed and rescheduled. We understand how valuable your time is, and our office strives to accommodate your scheduling needs.
4. I authorize the **Crews & Nibert, DDS, Inc. Family Dentistry Practice** to release my medical/dental records and any other information relating to my care (specifically including information related to psychiatric/substance abuse, or HIV treatment) to any person, company or agency who may need them for treatment, payment, or other health care operations.
5. Acknowledgement – Receipt of Notice of Privacy Practices: I understand that the **Crews & Nibert, DDS, Inc. Family Dentistry Practice** Notice of Private Practice has the right to change their Notice of Privacy Practice at any time. I acknowledge that I will be given a copy of the **Crews & Nibert, DDS, Inc. Family Dentistry Practice** Notice of Privacy Practices that describes in detail how my health information is used and shared upon request.

**Please initial** \_\_\_\_\_

Thank you for understanding our Consent Form. Please let us know if you have any questions.

I have read the Consent Form. I understand and agree to this Consent Form.

\_\_\_\_\_  
**Signature of Patient or Responsible Party**

\_\_\_\_\_  
**Date**

Visit our website @ [www.crewsandnibertdentistry.com](http://www.crewsandnibertdentistry.com)

OR Find us on **Facebook**

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*Office Hours by Appointment*