

**Notice of Privacy Practices  
Disclosure Agreement  
Kerzner Orthodontics, P.C.**

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

\_\_\_\_\_  
Patient Name *(please print)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FOR OFFICE USE ONLY  
\_\_\_\_\_

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but Acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):

**Submitting of Insurance  
Disclosure Agreement  
Kerzner Orthodontics, P.C.**

I, \_\_\_\_\_, acknowledge this office's Insurance Disclosure stated below.

\_\_\_\_\_  
Patient Name *(please print)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSURANCE DISCLOSURE**

If you have orthodontic insurance, we will submit the appropriate insurance forms as a courtesy. It is your responsibility to provide our office with your insurance information and to advise us of any changes to your insurance coverage. Our office cannot bill your insurance without being supplied with the proper insurance information in a timely manner. Our office does not normally receive an EOB for each patient, therefore, if your insurance carrier, benefits and/or personal information changes, please notify our office as soon as possible. Insurance is billed monthly or quarterly depending on your group policy and all insurance payments and information should come directly to you. It is your responsibility to monitor your insurance. Our office is not responsible for any payments not received from your insurance. Failure to update any information could interfere with insurance reimbursement. If you have not received any payments from your insurance carrier in 30 days from starting treatment, please notify our office to resubmit any missing claims.

I HEARBY CERTIFY THAT ALL I HAVE READ AND RECEIVED A COPY OF THIS DISCLOSURE STATEMENT AND ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I ACCEPT THE TERMS AND CONDITIONS SET FORTH IN THIS FINANCIAL AGREEMENT.