



Reservoir Smiles

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1149 Old Fannin Road Suite 26, Brandon, MS, 39047

(601)992-7972

SECTION A: Acknowledgement of Receipt of Privacy Practice Notice.

I, patient/patient's guardian _____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

SECTION B: Appointment & Scheduling Guidelines.

If you find that you must change your appointment, we require a minimum of 24 hours' notice so that we may accommodate another patient. A charge will be applied for broken and missed appointments without advanced notification.

SECTION C: Financial Agreement

Payment is expected in full at the time services are rendered. If you have insurance... we will gladly process your claim, but we request that you pay your estimated portion in full when services are rendered. We offer several methods of payments including Cash, Check, Credit Card, and Care Credit. If your account becomes past due and collection procedures are rendered, you will be responsible for ANY and ALL cost. WE RESERVE THE RIGHT TO ADD A FINANCE CHARGE TO ANY PAST DUE ACCOUNT.

SECTION D: Social Media Release

I hereby grant permission to Reservoir Smiles Dentistry to use my photo or other material to Reservoir Smiles Dentistry's web site, Facebook account, or other entity. I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said materials, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the materials or any rights therein.

Signature: _____

Date: _____