

Zelda Court Dental Care, LLC.  
Dr. Waters, Smith, Bushman and Rolen  
3150 Zelda Court  
Montgomery, Al 36109  
(334) 281-2451  
(334)281-1087fax

**For your convenience a copy of the Hipaa and Privacy Act is posted in our patient waiting room.**

**FINANCIAL ARGREEMENT:**

As our patient, we want to provide you the best care possible. There may be certain routine services that we feel are necessary for the maintenance of good oral health which are not covered by insurance. You will be responsible to pay for all services not covered. **Co-payments are due at time of service.** I have read this policy and, by my signature, agree to pay for services not covered by my insurance as well as any legal and/or collection fees necessary for the collection of this debt. The undersigned here by agrees to pay a reasonable attorney's fee, and court costs in the event this matter must be turned over to an attorney for collection. Further, it is here by agreed that a reasonable attorney's fee is one-third (1/3) of the outstanding balance of the amount turned over to the attorney. Further, the undersigned here by agrees to waive any and all right he or she has to claim exemptions as to real property, personal property, or otherwise, under the Laws or the Constitution on the State of Alabama.

**ACKNOWLEDGMENT OF RECEIPT:**

I acknowledge that I have received and/or read a copy of Dr. Waters, Lieux, Smith, Bushman and Rolen's Notice of Privacy Practices.

**ASSIGNMENT AND RELEASE:**

I assign to Dr. Waters, Lieux, Smith, Bushman and Rolen's benefits, if any, otherwise payable to me for service(s) rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the Doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

**The Signature below is acknowledgement of Hipaa Consent, Notice of Privacy Policies, Insurance Authorization and Release and Financial Policies of this office.**

\_\_\_\_\_  
Signature

DATE \_\_\_\_\_