Donald A. Flihan DDS, MD, P.C.
130 Lomond Court Utica, NY 13502

Patient Information

Today's Date: _____ Your Age: _____ Date of Birth: _____

Last Name | First | Middle Initial | Primary Language | Marital Status

Address | City | State | Zip | Home Phone

Social Security Number | Place of Employment | Work Phone

Who assumes financial responsibility? | Responsible Party's Social Security Number
Circle: Self Mother Father Other

Closest Relative | Address | Phone

Dentist's Name:	Physician's Name:
Referred By:_____	Pharmacy Name:_____ Pharmacy Address: _____

Why are you here today? _____

Insurance Co. # 1 Medical ❒ Dental ❒

Group # | Policy #

Name of Subscriber | Date of Birth

Insurance Co. # 2 Medical ❒ Dental ❒

Group # | Policy #

Name of Subscriber | Date of Birth

PLEASE NOTE: This office does not participate with Medicaid or any other insurance carriers. Insurance policies are contracts between the patient and the insurance company. While we will assist with submitting claims to your carrier, the patient or responsible party is responsible for payment of this account at the time of service unless other arrangements have been made. _____ (Responsible Party's Initials)

I understand that I am responsible for this patient's charges and hereby authorize release of information and x-rays regarding the services to the insurance company.

_____ _____

Signature of Responsible Party **Date**

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You May Refuse to Sign This Acknowledgement

I have reviewed and understand the following documents:

- ✓ Patient Privacy Policy
- ✓ Patient's Rights and Responsibilities
- ✓ Patient Safety Goals
- ✓ Notice of Privacy Practices
- ✓ Credentials

Additionally, I allow you to give my clinical information to or answer questions from (*check all that apply*):

☐ Spouse
☐ Parent
☐ Child
☐ Other (specify): _____

☐ None

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

_____
{Please Print Name}

_____
{Signature}

_____
{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement 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)

_____

_____

_____