

**Amanda R. Donnelly, D.M.D.**

**Donnelly Family Dentistry 742 Graham Road, Suite A  
Cuyahoga Falls, Ohio 44221 330.929.2616**

Thank you for choosing Dr. Donnelly as your dentist. Our goal is to provide you with excellent dental care and exceptional customer service. Our professional staff will help you maximize your insurance plan benefits. Your insurance is a contract between you, your employer, and the insurance company. We will make every effort to obtain your full insurance benefits; however, if we do not receive payment within 90 days of the date of service, the balance becomes your responsibility. **I authorize payment to be made directly to Donnelly Family Dentistry by my insurance company and I accept the financial responsibility for all services not covered by my insurance.**

**Patient Name:** \_\_\_\_\_

**Preferred Contact #** \_\_\_\_\_ **permission to leave message: Y or N**

**Email address** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **phone#** \_\_\_\_\_

The HIPAA Privacy Notice has been made available for my review. **I understand and agree to the rights contained in this notice. I authorize the release of any medical information and x-rays requested by my insurance carrier for the purpose of treatment, payment and healthcare operations as described in the HIPAA privacy notice.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Options and Cancellation Policy Guidelines:**

Payment for services will be due in full (after deduction of estimated insurance benefits, if applicable) at the time they are provided. Cash, Visa, Mastercard and Discover are accepted. There will be a service charge of \$30 applied to your account for all returned NSF checks. If you are in need of other payment options, Care Credit is a NO interest monthly payment plan offered for balances of \$200 more. We will gladly answer any questions you may have.

We request a 24 hour notice for cancellations or rescheduling of appointments. Cancellations without proper notice will be subject to a \$50 fee. If tardiness, no-shows or cancellations become habitual, we reserve the right to charge a fee or terminate patient care at our office.

**I have been informed of and agree to the above policies for Donnelly Family Dentistry.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_