

**Lansdale Dental, P.C.**  
**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

“You May Refuse to Sign This Acknowledgement”

I, \_\_\_\_\_, acknowledge that this office has a Notice of Privacy Practices.

\_\_\_\_\_  
{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)

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***Lansdale Dental, P.C.***  
**Insurance Explanation**

I \_\_\_\_\_ was give an explanation of my insurance benefits on \_\_\_\_\_. I understand that the information given to Lansdale Dental, P.C. by my insurance company is estimation and that benefits given are not guaranteed until all claims are received and reviewed by my insurance. I also understand that it is my obligation to verify my own insurance benefits with my insurance company and that Lansdale Dental, P.C., as a courtesy, attempts to obtain, to the best their ability, my insurance benefits. If for any reason, benefits vary from what Lansdale Dental, P.C. has obtained from my insurance company, it is my responsibility to assume all financial obligation as my insurance company will have determined on processing of claims.

\_\_\_\_\_  
Signature

Insurance Information was explained by \_\_\_\_\_