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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
&  
OFFICE FINANCIAL POLICY**

Our office will strive every day to bring our patients quality dental care and maintain our professional expertise.

We work hard to control the cost of dental care. Before any work is performed, we will go over our estimate of charges. Some treatments will require a down payment prior to beginning our service.

For our patients with dental insurance, when insurance payments are received, it will be applied to your account and any balance due will be billed to you.

For our patients without dental insurance, we ask you pay for services the day they are completed. For your convenience, we accept Visa, Mastercard, Discover and Flex cards. When you pay with cash or a personal check on the day of service, a 5% discount will be given.

If this is impossible for you, we can discuss financial payment arrangements.

Any payment that becomes 60 days delinquent will be subject to a finance charge of 1 1/2% per month (18% yearly).

I have received a copy of this office's Notice of Privacy Practices and Office Financial Policy. I (we) understand and agree to all conditions here stated.

Patient Name:

Signature of Patient

Date:

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**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: