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### **Acknowledgment of Notice of Privacy Practices**

I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Name(print)

\_\_\_\_\_  
Signature(patient/guardian)

\_\_\_\_\_  
Name of person(s) or entities who are allowed to inquire about patient.

\_\_\_\_\_  
For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Privacy Practices, but acknowledgment could not be obtained because:

- Individual Refused
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other \_\_\_\_\_

### **Insurance Estimate**

We do our best to provide you with accurate insurance co-payment estimates. However, our estimates are based on generalized information provided to us by your insurance company. This information is NOT a guarantee of payment from your insurance company. Your insurance company will determine coverage only upon receipt of a claim. Any co-payments collected are an estimated from information received from you insurance company. You may still have a balance even after the insurance has paid. By signing this you state that you understand this and have asked any other questions that you may have.

\_\_\_\_\_  
Signature(patient/guardian)

\_\_\_\_\_  
Date