

Private Patient



TMJ & Sleep Therapy Centre
of New Hampshire

Agreement:

I am aware TMJ & Sleep Therapy Centre of New Hampshire is not contracted with my insurance company. I am requesting to be seen as a private patient and completely understand I will be responsible for full fees on a private pay basis. I agree to pay for treatment services at the TMJ & Sleep Therapy Centre at the fee schedule based on the centre's private practice charges.

HIPPA – Privacy practices:

Acknowledgement of receipt of Notice of Privacy Practices:

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

Email Transmissions:

I request and authorize email communication with me and my listed healthcare providers regarding my private health/healthcare.

Patients printed Name: _____

Patients Signature: _____ Date: _____