
PATIENT INFORMATION

Patient Name: _____ Preferred Name: _____ Birthdate: _____
Address: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____ Preferred method of contact: Text Email Call
Emergency Contact: _____ Relation: _____ Phone #: _____

MEDICAL HISTORY UPDATE

Has there been any change in your health since your last appointment? Yes No
If yes, please explain: _____
Are you taking any kind of medication at this time? Yes No
If yes, list each one: _____
Do you have any allergies to medications? Yes No
If yes, please explain: _____
Have you had any major health issues, surgeries, or hospitalizations since your last visit? Yes No
If yes, please explain: _____
Are you required to premedicate before dental procedures? Yes No
If yes, please explain: _____
Have you ever taken bisphosphonates, i.e. Fosamax? Yes No
If yes, please explain: _____
Women: Are you pregnant? Yes No Due Date: _____

DENTAL BENEFIT INFORMATION

Primary Ins. Company: _____ Secondary Ins. Company: _____
Insured's Name: _____ Insured's Name: _____
SS # or Member ID: _____ SS # or Member ID: _____
Policy#/Employer: _____ Policy#/Employer: _____

I certify that I have read, and I understand the questions above. I acknowledge that my questions, if any, about the inquiries above have been answered to my satisfaction. I will not hold Dental Wellness Newnan responsible for any errors or omissions that I have made in the completion of this form.

Signature of Patient (Guardian if minor) Date Reviewed by Staff Date

FINANCIAL AGREEMENT

Thank you for choosing our office for your dental needs. We are committed to providing you with excellent care and convenient financial options. We realize you may be requiring some dental care and it is easy to forget that a doctor's office is also a small business. In the interest of both good patient care and good business, we believe it is best to communicate our policy to avoid any misunderstandings later. We thank you in advance for your compliance and cooperation. Please feel free to discuss any concerns or questions with the front office staff!

Payment: Payment in full is required at the time of service. For your convenience, we accept cash, checks, debit, and credit cards including Visa, Mastercard, Discover, and American Express. Our office also offers No Interest and Extended Payment Plans, upon approved credit, through Care Credit. Checks returned for insufficient funds will be subject to a \$40 service fee. **Initial:** _____

Aged Account: The total balance on your account, after claim settlement, is due upon receipt of statement. Failure to keep this account current may result in Dental Wellness Newnan being not able to provide additional dental services. In the event of default, I agree that any information collected can be used to collect on my account, and I agree to pay all costs incurred in the attempt to collect on this account, including late fees of 10% or \$30 (whichever is greater), finance charges, service and/or collection agency fees, attorney's fees, and court costs. **Initial:** _____

Dental Benefits: Dental Insurance rarely pays for 100% of all dental services. It is generally designed for preventing pain and providing what may be described as "average financial assistance" for some dental procedures. Most insurance policies only pay a percentage of your investment and include a deductible, which must be paid by the patient before any insurance benefit will be provided. Please note that this office does not determine the amounts and limits of your dental benefits. They are determined contractually between your employer and their chosen insurance provider. Please understand that dental benefit policies vary greatly, therefore, we can only estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts. We do not work for, belong to, or take direction from any managed care or contracted plans and are considered as an "Out of Network" provider. **As a courtesy,** we will bill your dental benefit provider for your care, providing you give us the needed information for claim submission. Your estimated co-pays are due at time of service and any balance unpaid after the claim settles is due within 14 days of receipt of statement. **Initial:** _____

Assignment of Benefits: I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Dental Wellness Newnan. I understand that I am financially responsible for all charges regardless of benefit coverage and payment. I hereby authorize the Dentist to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions. **Initial:** _____

I understand and agree to this patient agreement:

Signature of Person Responsible for Account

Printed Name of Person Responsible for Account

Date

APPOINTMENT POLICY

It is the aim of this office to provide quality dental care to patients and to use clinical time effectively. Since mutual understanding is the basis for good relationships, it is important for you to understand the nature of our office policies related to appointments. These are detailed below.

Timeliness: We are committed to seeing you on-time and request you be on-time for your visits as well. This way, we can ensure all our patients are seen when promised. **Initial:**

Emergencies: If you have what you believe to be a dental emergency, please contact us as soon as possible, preferably by telephone, so that we may properly assign an appointment time to handle your problem. Please be aware that we may have several emergencies at the same time. If we are unable to see you in a timely manner, we will refer you to a colleague, specialist, or emergency medical center. **Initial:**

Reminder Calls: We have implemented an automated texting service to help patients reserve their appointments in their calendars. If opted in, when you make an appointment, you will get a text confirming your appointment time.

Because we know you are busy and our patients keep their commitments, we do not disturb you with multiple reminder calls. If we do not receive a reply through the automated texting service, we will attempt to contact you through your preferred method of communication with our office. Please be sure to give us a number where you can be reached or that has an answering machine or voicemail so that we may leave a message if you are unable to answer. **Initial:**

Broken Appointments: We do not over-book our schedule. This means your appointment time is reserved especially for you. If you do not come, not only is your own care delayed, but no one else is able to be treated during that time. When appointments are not kept, dental costs increase for everyone and emergency patients that may have been treated must needlessly wait.

If you absolutely must reschedule, please give at least 48 hours notice (before 9 am Thursday for Monday appointments) to avoid possible broken appointment fees. In some cases, especially for large appointment space, you may be asked to give greater notice. There is generally no charge for the first missed appointment without 48 hours notice. To discourage repetitive broken appointments, we may assess a broken appointment charge for the second and each subsequent occurrence. The charges are dependent on how much time was reserved for your appointment. **Initial:**

Appointment Deposit: We may ask you to reserve your appointment with a deposit toward your treatment, especially for longer appointments. This allows us to exclusively reserve your appointment time as well as helps patients spread out the expense of treatment over several visits if necessary. This deposit is fully refundable if the cancellation policy of 48 hours notice is maintained by our patients. If you fail to attend your appointment or give notice that you need to reschedule, the broken appointment fee will be assessed and some or all the deposit will be lost, and you will need to make another deposit to make another appointment for that amount of time.

If you would like to not place a deposit to reserve your appointment, we may be able to place you on a Priority List, as described below.

We realize there is always a good reason for not keeping a scheduled appointment. It is not our intent to “punish” anyone for failing to come for treatment. We have found, however, that it is best to be open and honest about what is expected, so that we may provide the highest quality dental treatment at the most reasonable cost possible. Some practices charge hidden fees or higher prices to cover lost time due to broken appointments, and some schedule more patients than can be treated in a day. This results in rescheduling patients, incomplete treatment, and / or excessive patient wait time. We do not resort to any of these tactics to cover our costs for broken appointment times. In return, we ask our patients to honor their commitment to an appointment scheduled. **Initial:**

Priority List: Some patients, due to the nature of their job, health, etc., just cannot know until the last minute if they will be able to keep their appointment. If you are in this category, we maintain a list of patients that can come on short notice when time becomes available. Please advise the staff if you would like to be on this list. If you are contacted when a short-notice appointment is available, you may accept the appointment or decline. If you decline, we will try again later. **Initial:**

Making Appointments for Others: Occasionally, an appointment will wish to be made for a spouse, older child, elderly relative, etc. We prefer that patients make their own appointments to prevent any miscommunication regarding date, time, or treatment to be provided. We will accept these appointments, but they are subject to all the other rules and expectations of appointments made personally. Please be sure that the patient(s) for whom you are making the appointment(s) understand they must keep the commitment you are making for them. **Initial:**