



PATIENT INFORMATION FORM

Welcome to our office! We are committed to excellence in dentistry and appreciate you taking the time to complete this confidential questionnaire. The better we communicate, the better we can care for you. If you have any questions or need assistance please ask us, we will be happy to help.

Patient's Name _____ Birthdate _____ Male Female

Social Security # _____ Single Married

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ May we text: Y or N

E-mail Address _____ Whom may we thank for referring you? _____

DENTAL INSURANCE INFORMATION

Dental Insurance Co. Name _____ Phone # _____

Insured's Name: _____ Birthdate _____ Relation _____

Insured's SS# _____ Insured's Employer _____ Group # _____

HIPAA PRIVACY

I understand that according to the Federal Hipaa law that this office is unable to discuss my treatment, account balance or any other matters pertaining to me unless I indicate that they may do so. I agree that the following people can be informed of any association that I may have with this office including but not limited to treatment, diagnosis, financial arrangement, account balances and my general well-being. Effective Date: September 23, 2013

Please list: 1. _____
2. _____

This consent applies until I ask that the name be deleted or a new form replaces this one. I certify that I have received a copy of the Joint Notice of Privacy Practice.

Patient Signature _____ Date _____



MEDICAL HISTORY INFORMATION

Name _____ Date _____

Name of Physician _____ Phone # _____

Do you have or have you experienced the following? (Please circle)

Bacterial endocarditis Congenital heart disease Tuberculosis
Prosthetic heart valve Joint Replacement

Any concerns about your teeth? _____

Current Medications _____

Allergy to any medications?

Penicillin Sulfa Aspirin Latex Other _____

Are you pregnant? _____ **Nursing Mother?** _____

Do you have or have you had any of the following? Please circle those that apply:

Cancer	Hormonal	
Radiation Treatments	Thyroid Problems	
Chemotherapy	Diabetes	
Kidney Problems	Lung Problems	
Liver Disease	Asthma COPD Sleep Apnea	
Hepatitis A B C	Persistent Cough	
Digestive problems	Heart Problems	
Intestinal Problems	Congenital Heart Defect	
GERD/Heartburn	Artificial Valves	
Ulcers	Fainting Spells	
Blood	Low Blood Pressure	
Abnormal Bleeding	High Blood Pressure	
Anemia	Mitral Valve Prolapse	
Hemophilia	Pacemaker	
Blood Transfusion	Infections	
Bones/Joints	Herpes	
Osteoporosis/Paget's Disease	Chicken Pox	
Artificial Bones/Joints	Fever Blisters	
Arthritis	HIV+/Aids	
Substance Abuse	Sinus Problems	Epilepsy
Psychiatric Problems	Seizures	Headaches
Glaucoma	Other _____	



Welcome! We are pleased that you have insurance benefits to help you and your family with the cost of your dental care. We would like to help you obtain the maximum use of these benefits. With this in mind, please read the information on our insurance claims process so we can work together to ensure this benefit.

DO YOU ACCEPT MY INSURANCE? HOW MUCH WILL THEY PAY?

We currently accept most private insurance plans, which means that we work with hundreds of companies. Although we maintain computerized histories of payment by a given company, they do change. Therefore, it is impossible to give you a **guaranteed** quote at the time of service. We **estimate** your portion based on the most up-to-date information we have, but it is only an estimate.

I THOUGHT I PAID MY PORTION, BUT I RECEIVED A BILL. WHY?

We base the patient portion of your bill on our most current insurance fees, but there are several factors that can affect this estimate. For example, there may be a deductible, you may have received treatment in another office, or our estimate amounts may be out of date. We do, however investigate your benefits as thoroughly as possible. If you made a payment for your estimated portion and still received a bill it is because the insurance company didn't pay the amount we had estimated. You are responsible for the remainder.

INSURANCE DID NOT PAY, NOW WHAT?

We bill your insurance as a courtesy. Dental insurance is a contract between the insurance company and you or your employer. The extent of coverage varies greatly from company to company, sometimes even within a company. Despite our best efforts at giving you an accurate estimate, a patient will occasionally have treatment claims denied by their insurance provider. In this case you are responsible for the full amount, though you may be entitled to a discounted fee negotiated through your insurance provider.

FINANCIAL OPTIONS

We request payment for your estimated portion at the time of service. We do have several methods of payment that are designed to help you and your family gets the quality of care that you deserve. Please feel free to ask us about our payment options.

Patient Signature _____ Relationship to Patient _____ Date _____

APPOINTMENTS

It is extremely important that all patients honor their reserved dental appointments. Failure to do so deprives our other patients from receiving needed dental care in a timely fashion. If you must change an appointment, please provide us with 2 working days advanced notification so that we may use our time to accommodate other patients.



BROKEN APPOINTMENT / LATE PATIENT POLICY

Reserved appointment time in any dental office is limited and valuable. It is extremely important that all patients honor their reserved dental appointments. Kept appointments keep costs down for you and our other patients.

Those who fail to keep scheduled appointments should not penalize the Dentist, our staff, and mainly our other patients. Our dental policy stipulates that a failure to give sufficient notice to keep a scheduled appointment (**2 working days notice**) will result in a fee being charged. That charge is in accordance with our dental office's broken appointment policy for all patients. The patient is responsible for payment of the charge.

**If you have an email address registered with our office you will be sent an email reminder. Otherwise, our staff will call you 2 days prior to your scheduled appointment as a reminder. We will attempt all numbers that you have provided us. If we have to leave a message on your machine or cell phone, it is your responsibility to call us back to let us know you received this message. *Remember that we are closed early on Friday so cancellations of Monday appointments must be called into us on Thursday.*

The usual and customary fee for broken appointments is \$40.00.

Patients who arrive more than 15 minutes late for their scheduled appointment time may be asked to reschedule as a courtesy to our other scheduled patients. _____ (initial)

Patient Name

Patient, Parent, Guardian Signature

Date

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