Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we will be glad to help you. We look forward to having you as a part of our dental family.

PATIENT INFORMATION

Name____ Soc. Sec. #_____________________________________

Address_____________________________________ City_____________________ State_____ Zip _____________

Sex: M____ F____ Age_______ Birth date ______________ Single ___ Married ___ Divorced___ Widowed ___

Employer ______________________________________ Occupation ____________________________________

Home Phone____________________________________ Business Phone_________________________________

Cell Phone ____________________________________ E-Mail ____

Whom may we thank for referring you? ____

In the event that you need dental treatment, is there another person (spouse, parent, etc.) Who is involved in decisions regarding your healthcare and/or your financial decisions?
If yes, please give their name and relationship to you: ____

INSURANCE INFORMATION

Person Responsible for Account ___________________________________ Soc. Sec #_______________________

Birthdate _______________________________________ Relation to Patient_______________________________

Person Responsible Employed By ________________________________ Occupation ______________________

Insurance Company ___________________ Group # ____________________ Subscriber # ________________
Additional Insurance____

Authorization

I have provided accurate information to the best of my knowledge. I authorize the insurance company indicated on this form to pay to the dentist all insurance benefits otherwise payable to me for services rendered. I authorize the dentist to release all information necessary to secure the payment of benefits. I authorize the use of my signature on all insurance submissions.

AMMARI DENTAL, PC POLICIES AND HIPAA

Payment Policy

Payment is due at the time of treatment. We accept cash, checks, and major credit cards. We also accept CareCredit payment plan that allows you spread the payments over time.

Insurance usually does not pay 100%, so we can only provide **estimates.** You are responsible for the **full amount** of treatment rendered, regardless of benefits covered by your dental plan. As a courtesy, we bill your dental plan provider on your behalf.

Cancellation/Late Policy

When you schedule an appointment with us, that time is set aside **specifically for you**. Please give us **24 hour notice** if you need to cancel or reschedule an appointment. Appointments cancelled less than 24 hours or missed are subject to a penalty.

Arriving late to an appointment may be treated as a cancellation. Your appointment duration is specific for your planned & agreed upon treatment; arriving late can delay your treatment.

Treatment Policy

In some cases, dental conditions exist that have to be addressed before a cleaning is possible. In these circumstances, other types of treatment may be required first, in order to best provide for the health of the patient. An examination and x-rays must be done before a cleaning can be given. After, the doctor will be able to see whether or not a cleaning is needed as the next step, or if a different procedure is required first.

We are committed to helping patients achieve and maintain healthy teeth and gums for the long term. The procedures we follow are in the interest of achieving this.

I have read the above statements and have been given the opportunity to ask any questions about it. I understand it.

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PRINTED NAME

____ _________________________

SIGNATURE **DATE**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

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

___________________________________ **(Signature)** ____________________________________**(Date)**

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
An emergency situation prevented us from obtaining acknowledgement
Communications barriers prohibited obtaining the acknowledgement
Other (please specify)____