

Health History Form

Name: _____ Male Female Date: _____
 Residence: _____ Zip Code: _____
 Date of Birth: _____ If child; Parent name: _____
 Phone: _____ Occupation: _____ Employer: _____
 Employer Address: _____ Employer Phone: _____
 Spouse's Name: _____ Spouse's Occupation: _____ Spouse's Employer: _____
 Employer Address: _____ Employer Phone: _____
Who referred you to our office? _____
 Person responsible for dental investment: _____ Date of Birth: _____
For Benefit Purposes: Name of Carrier: _____ Policy Holder: _____
 Social Security Number: _____ Group Number: _____
 Are you covered by another plan? _____ If so, Name of Carrier: _____
 Social Security Number: _____ Group Number: _____
 Emergency Contact Name: _____ Phone #: _____

Are your teeth sensitive to:	Yes	No	Medical History:	Yes	No
Heat?	<input type="checkbox"/>	<input type="checkbox"/>	When was your last dental appointment? _____		
Cold?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any general health problems?		
Sweets?	<input type="checkbox"/>	<input type="checkbox"/>	If so please specify:		
Biting Pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
Does food catch between your teeth?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any surgeries in the past, excluding dental?		
Do your gums bleed when brushing or flossing?	<input type="checkbox"/>	<input type="checkbox"/>	If so, please specify:		
Have you noticed any gum swelling around any teeth?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have an unpleasant taste or odor in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under a physician's care?		
			If yes, reason:		
Problems of the Jaw:			PCP Information:		
Clicking of the Jaw	<input type="checkbox"/>	<input type="checkbox"/>	Any Medications?		
Pain (joints, ear, side of face)	<input type="checkbox"/>	<input type="checkbox"/>			
Difficulty opening, closing, or chewing?	<input type="checkbox"/>	<input type="checkbox"/>	To the best of your knowledge or have you ever been afflicted with:		
Have you ever been diagnosed with sleep apnea?	<input type="checkbox"/>	<input type="checkbox"/>	Heart Ailment, Murmur, Pace Maker, Stroke, or Heart Attack, Surgery? List the Dates:	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently using a sleep appliance? CPAP?	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, Prolonged Bleeding, Healing Complications	<input type="checkbox"/>	<input type="checkbox"/>
Are you sleeping well at night?	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Do you snore?	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or Seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had your adenoids or tonsils removed?	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure or Cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever avoid any part of the mouth while brushing?	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Disease or Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a reaction to a local anesthetic?	<input type="checkbox"/>	<input type="checkbox"/>	HIV Positive or Hepatitis A, B, or C	<input type="checkbox"/>	<input type="checkbox"/>
Are you dissatisfied with your teeth & their appearance?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Are you deeply concerned about the finances required to return your teeth to excellent dental health?	<input type="checkbox"/>	<input type="checkbox"/>	Cancer or Thyroid Condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get frustrated because you always have something to be treated /repaired when you visit dentist?	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a Premedication? Joint Replacements? If so, list them? Dates?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke/dip or any form of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	Allergy to any Medications?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any teeth removed?	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
How long have these teeth been missing? _____			Why did you leave your last dentist?		
Do you feel you will eventually wear artificial dentures?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any dental fears?	<input type="checkbox"/>	<input type="checkbox"/>	What is your present dental problem?		

Signature: _____

OFFICE INSURANCE AND FINANCIAL POLICIES

Insurance Policies

If we have received all of your insurance information before your appointment, we will be happy to file your claim for you. **It is your responsibility to know your insurance benefits, including how coverage is affected when seeing a dentist that is in or out of your insurance network, and the percentages your insurance covers for procedures.** You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days of receipt. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. We will be glad to send a refund to you once insurance has paid us. Refunds are issued on a monthly basis.

PLEASE UNDERSTAND that we file insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment; we at no time guarantee what your insurance will or will not do with each claim. We also are not responsible for any errors in filing your insurance; once again we file claims as a courtesy to you.

Fact 1-NO INSURANCE PAYS 100% OF ALL PROCEDURES

Dental Insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90-100% of all dental fees. This is not true! Most plans only pay between 50-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company

Fact-2- BENEFITS ARE NOT DETERMINED BY OUR OFFICE

You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentists' fee exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that a fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for a certain service. This can be very misleading and simply is not accurate.

Insurance companies have their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily choose a level they call the "allowable" UCR fee.

Unfortunately, insurance companies imply that your dentist is "overcharging" rather than saying they are "underpaying" or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.

Fact 3- DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED

When estimating dental benefits, deductibles and percentages must be considered. As an example, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.0 as its UCR fee, we can figure out what benefits will be paid. First a deductible (paid by you), on average \$50, is subtracted, leaving \$100.00. The plan then pays 80% for this particular procedure. The insurance company will then pay 80% of the \$100, or \$80. Out of the \$150 fee they will pay an estimated \$80, leaving the remaining portion of \$70 (to be paid by the patient). Of course, if the UCR is less than \$150, or your plan pays only at 50% then the insurance benefits will be significantly less.



Dental Depot DFW

MOST IMPORTANTLY, keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment. We will be unaware of any of these changes unless you bring them to our attention.

FINANCIAL POLICIES

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please feel free to ask our front desk staff. We are dedicated to providing the best possible care and service to you and your family. We regard your complete understanding of our financial policies as an essential element of care and treatment. A treatment plan will be prepared for you, which will detail your child's dental needs as well as the related estimated costs of that treatment. Our office is a fee for service dental office, and full payment or insurance co-payments are due at the time of service.

- Payment is due at the time of service unless other arrangements have been made in advance by either yourself or your dental plan coverage. For your convenience, we will accept cash, check, and credit card
- We offer CareCredit as another payment option. It is a convenient, low minimum monthly payment program specifically designed to pay for healthcare and elective treatment not covered by the insurance. Please ask our front office staff for more information.
- **Your insurance is a contract between you and your insurance company.** As a courtesy, upon verification of coverage, we will file your insurance claim for you, collecting at the time of service and estimated co-payment, if you assign the benefits to the doctor; in other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will look to you for payment. If we later receive a check from your insurer, we will refund any overpayment.
- All dental plans are not the same and do not cover the same services. In the event your dental plan determines a service to be "not covered" or over what they deem "usual and customary charges", you will be responsible for this amount. Payment is due upon receipt of statement from our office. If payment is not made upon receipt of our statement, we will no longer file insurance and expect payment in full at the time of service
- We will look to the guardian of the minor for consent and financials regarding any and all services rendered.
- There will be a \$25 returned check fee for any checks returned by the bank.

Patient/Parent Signature

Date

Thank you for being a valued patient!



Notice of Privacy Practices Acknowledgment

Dental Depot DFW

26747 US Highway 380 E. Aubrey, Texas 76227

972.884.0065 Office & Fax • littleelm@dentaldepotdfw.com

I understand that under the Health Insurance Portability & Accountability Act of 1996 (Hipa), I have certain rights to privacy regarding protecting my health information. I understand that I may ask for the full length Notice to Privacy Practices that is a more complete description of the uses and disclosures of my health information. I also understand that Dental Depot DFW has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
- Obtain payment from third party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations.

Patient Name: _____ Date: _____

Relationship to Patient: _____ Signature: _____

Patient Names: _____

I wish to be reached by Cell _____, Home _____, Work _____, Other _____ or Email _____

(Check all that apply) regarding my care and follow-up. The best DAYTIME telephone number(s) or email to be reached please list below:

Cell: _____ Home: _____

Work: _____ Other: _____

Email: _____

I do _____, I do not _____ give permission to leave relevant medical information on my voicemail, answering machine, email or by text confirmations.

I do _____, I do not _____ want relevant medical information shared with the person who may answer the telephone. The name(s) of the individuals with whom you may leave pertinent information are:

We file insurance as a courtesy to our patients. Payment for any amount not covered by our insurance plan is due at the time of service. Your insurance is a contract between you and your insurance company. It is your responsibility to pay any deductible, co-insurance, or any balance which is not paid by your insurance company. For your convenience we accept Visa, MasterCard, Discover, American Express, and Care Credit. I have read and understand both of the above policies.

Patient Signature

Date



Dental Depot DFW

BROKEN APPOINTMENT POLICY

When you reserve a time with us please make every attempt to make your appointment. This time is set aside specifically for you. One week prior to your appointment you will receive an email, text message or a phone call if you do not wish to receive text messages. When you receive this message, please call, text or email us to confirm the time that you have already reserved with us. If we have not heard back from you 1-BUSINESS DAY prior to your reserved time, we will take your appointment off of our schedule. We have a 1-BUSINESS DAY cancellation policy. If you need to change or reschedule your reserved time with us, please give us at least 1-BUSINESS DAY notice so that we will be able to fill this time with others waiting for treatment. If your appointment time with us is on Monday, please confirm with us by Friday, etc. If you cancel, fail to show for your confirmed appointment, or you arrive excessively late and treatment cannot be completed as planned, you may not be immediately rescheduled.

LATE ARRIVAL

If you are over 15 minutes late for your appointment, we reserve the right to reschedule your appointment for a later time. Please understand that we strive to stay on time for your appointment as well as those patients that follow you. By signing below, you have read, and understand this agreement.

Parent/Patient Signature

Date

Thank you for being a valued patient!

Dental Depot



SPECIAL INSTRUCTIONS FOR CARE OF THE MOUTH AFTER EXTRACTION

RINSING Do not rinse your mouth today! Tomorrow rinse your mouth gently once every 3 to 4 hours using $\frac{1}{4}$ teaspoon of salt in a glass of warm water. Continue these rinses for several days.

BLEEDING Following extractions, some bleeding or oozing of blood is to be expected. If persistent bleeding occurs, place a gauze pad over the extraction site and bite down gently, but firmly for $\frac{1}{2}$ hour. Repeat if necessary.

SWELLING In order to minimize swelling, use an ice bag or chopped ice in a towel on the outside of your face over the extraction area. Use for $\frac{1}{2}$ hour and $\frac{1}{2}$ hour off for 4 to 5 hours.

PAIN For mild pain, use any over the counter medication such as Tylenol or Advil. If we have given you a prescription for a stronger pain medicine, follow the directions on the prescription. Do not take more medicine than directed on your prescription.

FOOD Be sure to maintain proper nutrition following extractions. A diet which is both light and soft is recommended for the first day after routine extractions. No carbonated beverages for the first 24 hours.

SMOKING/STRAWS While smoking is never good for you, ***DO NOT SMOKE*** for several days after an extraction in order to prevent a painful dry socket condition. Smoking or sucking juice or fluids through a straw might dislodge the healing blood clot covering that forms over an extraction site.

BONY EDGES Often times, bony pieces or fragments may work their way through your gums during the healing process. These are not tooth roots. If they do not work their way out of the gum or if they become an annoyance, please return to the office for a simple removal.

UNUSUAL SYMPTOMS If you experience any unusual symptoms, please call the office you in which you were treated at once.

YOUR PROPER CARE AND ATTENTION TO THESE INSTRUCTIONS WILL SPEED YOUR RECOVERY AND PREVENT COMPLICATIONS FOLLOWING DENTAL PROCEDURES.