

Royal Family Dental Patient Registration

Patient Name _____ Birth Date _____ Age _____
SS# _____ DL# _____ Occupation _____
Home Address _____ City _____ State _____ Zip _____
Home # (____) _____ Work # (____) _____ Cell Phone # (____) _____
E-Mail Address _____
Single () Married () Divorced () Widowed () Spouse's Name _____ Phone# (____) _____

Responsible Party

Employer Name and Address _____
Person Responsible For Account _____ Relationship _____
SS# _____ DL# _____ Home # (____) _____
Home Address (If Different) _____ State _____ Zip _____
Employer and Address _____ State _____ Zip _____

Reason for Visit

What are your concerns? (Mark All That Apply) Routine Checkup Cleaning Appearance Pain Avoidance Cavities
Losing Teeth Oral Cancer Gum/Periodontal Disease Other: _____

Medical/Dental History

When was your last dental visit? _____ Reason? _____
Are you currently under the care of a physician? Yes No If Yes, Reason? _____
Physician's Name _____ Physician's Phone # (____) _____
Are you taking any medications? Yes No List: _____
Are you allergic to any of the following? Penicillin/Amoxicillin Latex Sulfur Codeine Novocain Aspirin
Other: _____
Have you ever been told you need to take antibiotics with dental treatment due to joint replacement or medical condition? _____

Have you ever been diagnosed with any of the following:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> AIDS/HIV Positive | <input type="checkbox"/> Cortisone Medicine | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Radiation Treatments |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Recent Weight Loss |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Hepatitis B or C | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Easily Winded | <input type="checkbox"/> Herpes | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Emphysema | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatism |
| <input type="checkbox"/> Arthritis/Gout | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Hives or Rash | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Artificial Joint | <input type="checkbox"/> Excessive Thirst | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells/Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Frequent Cough | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Stomach Disease |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Genital Herpes | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Swelling of Limbs |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Heart Attack/Failure | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cold Sores/ Blisters | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Pain in Jaw Joints | <input type="checkbox"/> Tumors or Growths |
| <input type="checkbox"/> Congenital Heart | <input type="checkbox"/> Heart Pacemaker | <input type="checkbox"/> Parathyroid Disease | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Psychiatric Care | <input type="checkbox"/> Venereal Disease |
| | | | <input type="checkbox"/> Yellow Jaundice |

INITIAL: _____ I acknowledge that I have reviewed a copy of the offices "Notice of Privacy Practices".

INITIAL: _____ I understand that payment is due at the time of service and that I am fully financially responsible for all charges.

INITIAL: _____ I understand that if my account is sent to collections I will be responsible for any collection and legal fees associated.

Signature: _____ Date: _____

Financial Policy

At Royal Family Dental, we believe that you deserve the best care. That is why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits, but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know:

- Your dental benefits are based upon a contract made between your employer, yourself and an insurance company. **If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefit plans will never pay for full completion of your dental care. It is only meant to assist you.**
- We currently accept several private care insurance plans; plans that do not require you to select a dentist from a list. Although we can 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**. If you would like to know your insurance benefit, please contact your insurance company directly. We will also communicate with your insurance plan and document the benefits given to us in our software for all future treatments. Keep in mind **this is not a guarantee of coverage**.
- We will bill your insurance **as a courtesy**. If insurance does not pay within 90 days, Royal Family Dental reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between **you and your insurance company**. Our office is not and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred at our office.
- Royal Family Dental does require payment in full for your estimated portion at the time of service. We accept MasterCard, Visa, Discover, cash, and checks. If you need an extended finance option, we also work with CareCredit. You can apply at www.carecredit.com.

Cancellation Policy

We require a 48-hour notice if an appointment must be cancelled or rescheduled. When patients do not show up to their appointment and do not give at least a 48-hour notice of cancellation, it affects everyone and delays treatment for those who truly need it. By agreeing to be a patient at Royal Family Dental, you agree to honor your appointment or give at least a 48-hour advanced notice of cancellation. Arriving 15-minutes or more past your scheduled appointment time, will also be considered a cancellation. Patients who do not abide by this agreement will lose patient privileges at this office after two missed appointments without that required notice. Patients who miss one appointment without 48-hour notice, will be given one more chance to remain a patient, but they will not be rescheduled with priority and will go to the end of the waiting list for appointments. Below are the fees for missed or cancelled appointments. Thank you for your cooperation with this important policy.

- **When an appointment is cancelled without at least a 48-hour notice or you fail to arrive for your appointment, you will be charged \$35 for a missed appointment fee.**
- **If two appointments are missed we reserve the right to discontinue seeing you at this office.**

By signing below, I agree that I have read and understand the office policies stated above. If I have any questions regarding these policies, I agree that I have spoken to the office team regarding these questions.

Print Patient Name

Patient or Guardian Signature

Date

Insurance Information / Release Form

Medicaid

Patient's Name: _____ Birth Date: _____ Medicaid ID #: _____

Traditional

Policy Holder's Information

Policy Holder's Name

Birth Date

Social Security Number

Spouse's Name

Birth Date

Social Security Number

Insurance Information

Employer

Address

City

Zip

Phone Number

Insurance Company

Address

City

Zip

Phone Number

ID Number

Group Number

Plan Number

Secondary Insurance Information

Policy Holder's Name

Birth Date

Social Security Number

Employer

Address

City

Zip

Phone Number

Insurance Company

Address

City

Zip

Phone Number

ID Number

Group Number

Plan Number

Please Initial: _____ I authorize release of any information relating to my claim.

_____ I authorize payment directly to Royal Family Dental.

_____ I understand that all fees not paid by insurance are my responsibility.

Print Patient Name

Patient or Guardian Signature

Date

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information. Please read carefully.

We understand that the privacy of your personal information is important to you. As your dental office, we believe your right to privacy is a fundamental part of your treatment; as such, we want you to understand our privacy practices and procedures. Should you have any questions regarding these policies please do not hesitate to call the office at 719.430.9888.

Information We Collect About You

We collect personal information about you and your family as part of our new patient process, during the course of your care, and from other health care entities you utilize such as, other dentists and specialists, imaging facilities, laboratories, and your insurance company. This personal information's includes items such as your name, address, phone number, birth date, social security number, employer health history, insurance policy and coverage information, and any information you provide. During the course of your treatment we will collect dental information regarding diagnosis, treatment plans, progress and any test results or films.

How Your Information Is Used

The personal and health information gathered may be used and disclosed with your general consent for purposes of treatment, payment, or routine healthcare operations, this means we may send your information to other dentists or facilities involved in your treatment as well as to your insurance company or a collection agency to obtain payment. Any other uses of your information require a signed authorization by you, the patient or guardian, and can be revoked at any time with a written request. Royal Family Dental does not sell patient information to marketing or pharmaceutical companies. In certain cases of public health interest, we may be required to disclose certain information to local, state or national health organizations or government agencies. We may contact you to provide appointment reminders or information about your treatment.

Personal and Health Information

We are required by law to (1) make sure that medical information that identifies you is kept private (2) provide you with our privacy policy (3) follow the terms laid out in the privacy policy. As a means of protecting your privacy, we restrict access to your personal and health information to only those employees who require the information to complete their jobs and provide quality service to you.

Royal Family Dental maintains physical, electronic and procedural safeguards to comply with state and federal regulations that guard your personal and health information. If you feel your privacy has been violated, you have the right to file a complaint with the Department of Health and Human Services. The complaint in no way influences the course of treatment with Trinidad Family Dental Care.

As of July 1st, 2011 the State of Colorado requires that anyone who is prescribed a controlled substance (narcotic) will have their information entered into a nationwide database. The Drug Prescription Monitoring database is very secure, as only physicians and law enforcement can only access the database. If you do not wish to have your information entered into this database, please inform the doctor and he will prescribe you a non-narcotic. If you have any questions, you can contact the Colorado State Department of Regulatory Agencies by calling 303.894.7855.

Changes to Our Privacy Practice

All new patients will review a copy of our privacy policy. Royal Family Dental occasionally reviews its privacy policy and reserves the right to amend it. Notification of changes will be available at the front desk prior to the effective date of any changes.

Your Right to Restrict The Use Of Information

You have the right to request restrictions to our uses or disclosures of your personal or health information, although we are not required to agree to those restrictions. Once your request has been processed it will remain in effect until you request a change.

Patient Acknowledgement I, _____, have reviewed the above Royal Family Dental privacy policy.

Signature _____

Date _____