

DENTAL HISTORY

Why did you choose this office? _____

Recommended by: _____

Describe your current dental problem: _____

Apprehension

Do you have any fear or having dental work done? _____ Any specific? _____

Have you ever received laughing gas in a dental office? _____

Have you ever received any other kind of sedation for treatment? _____

Do you feel you need any help overcoming fear? _____

OUR FINANCIAL POLICY

On behalf of my entire staff and myself, welcome to our practice. We pride ourselves in making this a learning experience as well as a pleasant one. Our primary goal, whenever possible, is the retention of your healthy, natural teeth. In order to obtain successful results we need your cooperation; therefore we hope to achieve a clear mutual understanding by keeping you well informed at all times.

During your first visit a thorough examination will be completed. This will include x-rays or other aids that are necessary in making accurate diagnosis of the problems that may exist. We will discuss our findings and recommend the most suitable treatment plan keeping in mind your comfort, appearance and long range economy. We will also give you an estimate of your entire treatment and approximate number of appointments. During treatment we encourage any questions or comments.

If treatment is indicated we will try to restore the optimum health in as few well planned appointments as necessary. We appreciate the value of your time and we know the importance of a controlled budget. We expect from you equal consideration in keeping appointments on time and payment at the end of each appointment.

Failure to give adequate notification (48 hours) to cancel an appointment will result in a no show fee and if procedures have been paid prior to appointment and failure to show for appointment or reschedule will thus result in loss of partial/ full payment for that appointment.

For patients with dental insurance:

we are working for you, not the insurance company. We have no control over how well they pay you or how they treat you. You are purchasing the insurance and they should be responsible and fair to you. We will offer as a courtesy to you, our patient, assistance in handling all the paper work and even file the claim for you in some instances. We will help you get what you are due from the insurance, however, ultimately the responsibility lies with you. Any assistance about what or how much coverage you have is for reference only and should not be your only basis for completing treatment.

Our Policy:

1. All deductibles are paid up front.
2. On all capitation plans such as MIDA, all co-payments must be paid at time of service provided.
3. If any payment from insurance is 30 days past due, you are responsible for the entire balance. Upon receipt of the insurance check, it will be assigned to you if your account balance is zero.
4. We will file your pre-treatment estimate as a service fore you. Some insurance companies may not honor this estimate or may alter it. You will be responsible for any non-payment or short-payment by the insurance.
5. Insurance companies have a yearly and sometimes lifetime maximum. It is your responsibility to keep track of that, sometimes we don't even receive this type of information. These figures should be on your statement.
6. Please understand that payment of your bill is consider part of your treatment.

Dr. William E. Hay DMD PSC

Financial Policy

Thank you for choosing us as your dental care provider, We are committed to your treatment being successful. Full payment is due at time of service. We accept cash, checks, or credit cards. We can assist with financing through Care Credit and Springstone.

_____ **Date:** _____
Signature of patient or responsible party

Privacy Policy

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

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- ___ Individual refused to sign
- ___ Communications barrier prohibited obtaining the acknowledgment
- ___ An emergency situation prevented us from obtaining acknowledgment
- ___ Other (specify) _____