Welcome to Sellersville Family Dental

PATIENT INFORMATION (PLEASE PRINT)

Name _____ Birthdate _____ □Male □ Female
Last First MI

Address _____
Street City State Zip Code

Primary Phone # _____ Email _____

Social Security # (Must be Complete for insurance purposes) _____

Are you: □ Minor □ Married □ Single □ Other

Spouse/Parent/Guardian Name _____ Have they been seen in our office? □Y □N

Place of Employment _____ Students name of School/College _____

MEDICAL HISTORY

Physician's Name _____ Phone # _____

Please list all current medications: _____

Please list all allergies (i.e. Penicillin, Codeine, Sulfa, Latex) _____

For Women: Are you pregnant or nursing? _____

Please select any condition that applies or you have a history of:

□ Heart Condition, Please Describe _____

□ AIDS/HIV	□ Artificial Heart Valves	□ Artificial Joints	□ Asthma
□ Cancer	□ Chemotherapy	□ Chemical Dependency	□ Diabetes
□ Epilepsy	□ Fainting	□ Hemophilia or Prolonged Bleeding	
□ Hepatitis A/B/C/D	□ High or Low Blood Pressure	□ Pacemaker	□ Seizure
□ Shortness of Breath	□ Smoker/Chewing Tobacco	□ Other: _____	

DENTAL HISTORY

Primary reason for today's visit _____

Any concerns (sensitivity, grinding, bleeding gums) _____

Date of Last Dental Visit _____ Date of Last Dental X-ray _____

AUTHORIZATION

I certify that the above questions have been answered accurately to the best of my knowledge. I acknowledge that this practice is required by law to uphold the privacy and confidentiality of this information as defined by HIPAA. I authorize this dentist to release information including diagnosis and rendered treatment to third party payers and/or health care practitioners. I authorize and request my insurance company to pay this practice directly and understand my insurance carrier may pay less than the actual charge for provided services. I agree to be responsible for all payments for services rendered on my behalf or my dependents.

Signature of Patient (Parent/Guardian) Date

DENTAL INSURANCE INFORMATION – PRIMARY INSURANCE

Name of Policy Holder_____ Relation to Patient _____

Policy Holder's Birthdate _____ Policy Holder's Social Security # _____

Policy Holder's Place of Employment _____

Insurance Company Name _____

Group # _____ ID# _____

Insurance Co Address _____
Street City State Zip Code

SECONDARY INSURANCE

Name of Policy Holder_____ Relation to Patient _____

Policy Holder's Birthdate _____ Policy Holder's Social Security # _____

Policy Holder's Place of Employment _____

Insurance Company Name _____

Group # _____ ID# _____

Insurance Co Address _____
Street City State Zip Code

RESPONSIBLE PARTY (Please let us know who the responsible financial party is, thank you for your cooperation!)

Name and Relation _____

Address _____ Phone # _____

OFFICE POLICIES

FEE AND PAYMENT – Payment is due at the time of service. Cash, Check, all major credit cards and Care Credit are accepted for your convenience. Accounts outstanding after 60 days from the time of service will bear an interest rate of 5% per month. All accounts unpaid after 180 days will be sent to a collection agency and subjected to a recovery fee of $12.95. We report to all major credit services.

DENTAL INSURANCE – We will do our best to help you understand and maximize your dental insurance benefits. We accept most PPO dental insurance plans. Your insurance plan may not cover what is medically necessary. Dental insurance is designed to lower out of pocket expense, we have no control over the fees or coverage, this has been selected and determined by yourself and/or your employer. You the patient or guardian is ultimately responsible for all costs for services rendered by Sellersville Family Dental.

APPOINTMENT POLICY – Patients are seen by appointment only We offer same day emergency service for established patients. We strive to be on time and ask that you extend the same courtesy to us and other patients. We reserve the right to charge a fee of $35.00 for appointments cancelled or broken without 24 hours of notice.

SIGNATURE I, _____, have read the above policies and accept the terms of service. Today's Date _____