

Patient Demographics (Highland Meadows Dental Health Center)

Please fill in the following information. Your answers are for our records only and will be kept strictly confidential subject to applicable laws.

General Information

First name - Patient	Middle name	Last name - Patient
-	-	-
Nickname/Preferred name	Prefix/Honorific	Degree/Suffix
-	-	-
Gender	Patient birth date	
-	-	
Preferred language	Email address	Marital status
No selection	-	-

Contact Information

Home #	
-	
Work #	
-	
Mobile #	
-	
Patient mailing address	Patient billing address
-	-
<input type="checkbox"/> Has the main contact for the family, (usually a parent or guardian) changed since your last visit?	<input type="checkbox"/> Has the main person responsible for payments for the family, (usually a parent or guardian) changed since your last visit?
-	-

Other Information

Emergency contact	Emergency #
-	-

Patient Demographics (Highland Meadows Dental Health Center)

Family doctor

- _____

Family doctor #

- _____

Occupation

- _____

Employer

- _____

Employer phone #

- _____

Social Security number

- _____

Driver's license number

- _____

Insurance Company, (we are In-Network with
Delta Dental Please list which Delta Dental)

- _____

Group Number:

- _____

Member Number (it might be SSN):

- _____

Subscriber: Name and Birthday

- _____

Subscriber Address

- _____

Previous provider

- _____

Previous provider phone

- _____

Non-verbal communication needed with patient

- _____

Has your insurance information changed since your last visit?

- _____

Patient Demographics (Highland Meadows Dental Health Center)

Office Policies

- 1) Payment for your care or your estimated portion is due at the time of service.
- 2) Your appointment time is the time we expect to seat you, please arrive prior to this time so that you can be seated on time.
 - Highland Meadows Dental Health Center uses Email, text messaging, and phone calls to help remind you of your appointments.
 - It is important to understand it is ultimately your responsibility to remember and keep your appointment even if our attempts to remind you do not reach you.
- 3) Appointments missed without adequate notice may be assessed a fee of \$50.00 or 10% of the appointment costs, whichever is higher. Please provide 24 business hours notice if you must miss an appointment, and please remember that appointment reminders are a courtesy.
- 4) I request HMDHC to bill my insurance as a courtesy, and consent to payment being made directly to HMDHC from my insurance company.
- 5) I understand the fee requested at the time of service is an estimate of the patient portion due.
- 6) If you have a disagreement with the insurance portion, we will try to assist you, but ultimately your insurance coverage is a contract between you and the insurance company. Any remaining balance after 90 days is patient responsibility.
- 7) I understand that I am the responsible party for payment of all treatment provided. I authorize Highland Meadows Dental Health Center to speak with 3rd parties as needed to obtain payment.
- 8) Please turn off cell phones or other electrical devices while in the office.
- 9) Do not leave unattended children in the waiting area.
- 10) Do not leave the property if your dependent is receiving treatment.
- 11) Only one family member may accompany a patient in the treatment rooms.
- 12) I understand that if I, or the person I am responsible for, presents with a need for dental care, I am:
 - Agreeing to a service and this service does have an associated fee that I am responsible for.
 - Consenting to a treatment plan and the possibility of alternative treatment options.

HIPAA Consent

Highland Meadows Dental Health Center requests your consent to use and disclose your private health information when needed to facilitate your care and payment. This consent allows us to provide services such as consultation with other health professionals involved in your care, send statements to your insurance company, and to leave messages with family members regarding appointments. Often times other instances will occur where we will need to use your private health information. This is not consent to release of your personal information for advertising purposes or other reasons not related to your dental / medical care.

You may revoke this consent at any time. To do so please provide us with a written notice informing us of any restrictions or desire to revoke all consent. Please sign and date the request.

Please ask our personnel if you would like to review our privacy policy.