

**Registration**

Patient Information Name \_\_\_\_\_ Preferred name \_\_\_\_\_

Birthday \_\_\_\_\_ Social Security # \_\_\_\_\_ Male Female Single Married

Address \_\_\_\_\_

Employer \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Whom may we thank for referring you to our office?  
\_\_\_\_\_

**Insurance Information Primary Insurance Carrier (if applicable)**

Insurance Carrier: \_\_\_\_\_

Name of insured \_\_\_\_\_ Birthday: \_\_\_\_\_

Company \_\_\_\_\_ ID # / SSN # \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact \_\_\_\_\_

**Dental History:**

What is the reason for your visit today? \_\_\_\_\_

Last dental cleaning: \_\_\_\_\_ Last dental x-rays: \_\_\_\_\_

Is there anything we need to know about you to make your experience in our clinic more comfortable?  
\_\_\_\_\_

Please check all that you would answer **YES** to:

\_\_Are you apprehensive about dental treatment?

\_\_Do you have TMJ problem?

\_\_Have you had problems with previous clinic?

\_\_Do you clench or grind your teeth?

\_\_Have you used nitrous oxide (laughing gas)?

\_\_Do you get frequent headaches?

\_\_Have you had problems with getting numb?

\_\_Have you had jaw trauma before?

\_\_Are your teeth Sensitive to hot, cold or sweets?

\_\_Does food get caught between your teeth?

X \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL POLICY/HIPPA

In our continued commitment to provide the highest quality dental care available to all our patients and to have those services be provided in a comfortable and affordable environment, we are pleased to offer the following payment options:



The office of Dr. Mark Herzog cannot assume the responsibility of knowing all the details of each patient's insurance plan. We will do our very best to assist you with general insurance benefits information. We encourage our patients to familiarize themselves with the details of their insurance coverage. Do not hesitate to contact your insurance carrier with any questions you may have.

**PLEASE READ CAREFULLY:** I agree that I am fully responsible for the total payment of all procedures performed in the office of Dr. Mark Herzog. **I understand that my ESTIMATED co-pays are due in full at the time of service.** I also understand that any outstanding account balances over 60 days will be assessed a finance charge of 1.5% per month.

**CANCELLATION POLICY:** A \$60.00 fee will be charged for **hygiene** appointment **HOUR** canceled or rescheduled without prior 2 BUSINESS DAYS NOTICE. **Restorative** appointment will be charged \$100 per hour.

**ACKNOWLEDGMENT OF PRIVACY PRACTICES:** My signature confirms that I have been informed of my rights to privacy regarding my Protected health information under the Health Insurance Portability & Accountability Act of 1996 (HIPPA). I understand that this information can and will be used to:

**\*\* Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly \***

**\* Obtain payment from third party payers for my health care services \***

**\* Conduct normal health care operations such as quality assessment and improvement Activities\***

I have been informed of my dental provider's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such Notice of Privacy Practices and that I may contact this office at the address above to obtain a current copy of the Notice of Privacy Practices. 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. I understand that you are not required to agree to my requested restrictions, but if you do agree you are bound to abide by such restrictions.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

We are here to assist you in any way possible. Please make your questions or concerns known to our team. Our goal is to ensure your experience with our office is outstanding!