Thank you for choosing Royal Vista Dental!

We strive to make your dental visits as pleasant and comfortable as possible. Please help us by completing these forms.

General Information:

First Name _____Last Name _____M.I. _____

Preferred Name _____ Birth Date _____ Male ☐ Female ☐

Address _____ City _____ State_____ Zip _____

Phone: Home _____ Cell _____

Work _____ May we call you at work? ☐ Yes ☐ No

Email address _____ @ _____

Preferred contact method: ☐ E-mail ☐ Cell phone ☐ Mail

Patient's Social Security #:_____Driver's License#:_____

Emergency contact name and number _____

How did you hear about our office? _____

Medical Insurance Information:

(Some of your treatment may be covered by your medical insurance. If so, medical coverage will reduce your out of pocket expense and preserve your dental benefits for procedures that are not covered by your medical insurance.)

Primary Insured (subscriber): _____ DOB: _____

Medical Insurance Co.: _____ Employer: _____

Subscriber ID/Soc. Sec. #: _____ Policy # _____ Group # _____

Dental Insurance Information:

Primary Insured (subscriber): _____ DOB: _____

Relationship to patient: _____

Dental Insurance Co.: _____ Employer: _____

Subscriber ID/Soc. Sec. #: _____ Group #: _____

Medical History:

Please check if you currently have, or have ever had, any of the following conditions:

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

Each condition: ◯ Yes ◯ No

Please list any additional health problems: _____

Please list surgeries you've had: _____

_____

Please list any medications you are taking: _____

_____

Are you allergic to any of the following? [ ] NKDA

[ ] Aspirin [ ] Penicillin [ ] Codeine [ ] Sulfa [ ] Local anesthetic [ ] Latex
[ ] Acrylic [ ] Metal [ ] Other _____

Social history: Do you use tobacco or alcohol? [ ] current or [ ] past

If so, indicate type, frequency and for how many years: _____

Women only
Are you: [ ] pregnant, [ ] trying to get pregnant, [ ] nursing or [ ] taking oral contraceptives?

I have completed this form to the best of my knowledge. I give permission for Dr. Rhodes and employees of Royal Vista Dental to take any necessary diagnostic x-rays, photos, or study models required to enable complete diagnosis and treatment.

Signature: _____ *Date:*_____ *Doctor sig:*_____
(Patient, parent or legal guardian)

RECORD OF DISCUSSION AND INFORMED CONSENT FOR CBCT

A CBCT scan---also called cone beam computerized tomography ---is an x-ray technique that is similar to medical CT scans. They produce images of your body that depict internal structures in cross-section rather than the overlapping images typically produced by conventional X-ray exams.
Diagnosis and treatment planning requires a more complete understanding of complex anatomy and associated disease. By using a CBCT, we have an enhanced ability to understand conditions that can be missed on a conventional x-ray.

RISKS: CBCT scans, like conventional x-rays, expose you to radiation. There are certain inherent and potential risks from X-rays. The dose of a single scan is 70 mSv. This is approximately the same as 7 days of background radiation for the average person living in the U.S. An alternative to a CBCT scan are conventional dental x-rays, however, they have the limitations previously noted.

While parts of your anatomy beyond your mouth and jaw may be seen on the scan, we are neither physicians nor radiologists and will not make assessments concerning your anatomy beyond your mouth or jaw. If the report raises a question as to something unusual outside the specific area of your mouth or jaw, we may refer you to a physician or radiologist for an evaluation. In such an event, our office can place the image on a CD. You should also understand that CBCT scans cannot be relied upon to show soft tissue lesions, unless they have caused changes in your hard tissues (teeth or bone). Also, CBCT images may contain artifacts that can make interpretation difficult.

WOMEN: CBCT scans are NOT recommended for pregnant women because of possible danger to the fetus. (Initial below as appropriate)

____I am not pregnant ____I am pregnant ____I am unsure whether I am pregnant

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT AND AGREE WITH WHAT IT SAYS

I, the undersigned, certify that I have read this consent form and that I understand the procedure to be performed, and its benefits, risks and alternatives. I acknowledge that I have had a full opportunity to discuss this procedure with Dr. Rhodes and / or his designee, and have had any/all questions answered to my satisfaction. Thus, I give my informed consent to Dr. Rhodes and / or his designated staff to perform the CBCT scan.

Signature of Patient or Legal Guardian: _____

Print Name: _____ Date: _____

NOTICE OF HEALTH INFORMATION PRACTICES ACKNOWLEDGEMENT FORM

The attached notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please sign this cover sheet acknowledging receipt of the policy and return it to the receptionist. Review the policy carefully and let us know if you have any questions or requests.

By my signature below, I acknowledge that I have received the **Notice of Health Information Practices of Royal Vista Dental.** I understand that the organization reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

_____

Name of Patient

_____

Signature of Patient

_____

Date

Financial Policy

Welcome!

Thank you for entrusting us with your oral health care. In order to enhance communication and promote understanding regarding this office's financial policies, please read over the following information. **By providing your signature, this indicates that you have read, fully understand, and fully agree to our policies.**
(*This form must be signed to proceed with your appointment)*

Insurance: Our office is committed to helping you maximize your insurance policy. We will gladly file your claim with any insurance plan as an **out-of-network provider**. I authorize, Kevin Rhodes, DDS and his staff to verify insurance coverage, if any, to submit claims and provide my insurance company with information required for a claim, to assign benefits payable to him, and to handle any necessary claim appeal on my behalf. Because insurance policies vary greatly, **we can only ESTIMATE your coverage** in good faith and cannot guarantee coverage due to the complexities of insurance contracts. As our fees may exceed that which your insurance company covers for our services, your estimated portion must be paid at the time of service**. If your insurance company pays less than the estimate or if for any reason denies or downgrades coverage to an *alternative benefit* on the claim, you are still responsible for paying the remaining balance or making financial arrangements at that time**. Every effort will be made to secure payment on your behalf. Additional funds from insurance will be refunded or a credit to your account will be issued. It is not possible for our office to file medical insurance. Please see our "Thoughts on Insurance" handout for FAQ's.

Patient Payment: We accept cash, Master Card, Visa, American Express, Discover Card, and local checks. We do not accept post-dated checks. If needed, we will gladly assist you in obtaining third party financing through our partnerships with CareCredit and Spring Stone. Through these partnerships we can offer convenient monthly payment options, no up-front costs, no prepayment penalties and no annual fees.

Billing: Statements will be sent out when a balance is realized. All patient accounts without payment arrangements are due in full within 14 days. *After the second billing cycle (60 days) in which payment on your account is not arranged, it will be turned over to our collections attorney. In addition to the amount owed, you will also be responsible for any collection and/or legal fees associated with collecting the balance due.*

Returned Check Fee: A $50 returned check fee will be assessed for all returned checks, and no future checks will be received as payment.

Broken Appointments: A specific amount of time is reserved just for you with your doctor or hygienist. If you must change your appointment, we require at least 48 hours' notice to avoid a $25 per half-hour cancellation fee that may be assessed to your account.

We welcome you to our family and look forward to helping you establish and maintain a healthy, beautiful smile. If there is anything we can do to make your visit here more pleasant, please don't hesitate to ask one of our team members.

Name: _____ Date: _____

Signature: _____

Our Thoughts on Dental Insurance

(Insurance Info and FAQ's)

ROYAL VISTA DENTAL

We understand our patients' desire to take advantage of benefits their employer has purchased on their behalf. Sometimes we see them disappointed when those benefits don't completely match their needs. We want to share with you what we have learned about dental insurance so you will have clear expectations from the start.

The benefits purchased for you were based on the amount your employer budgeted for buying insurance - not on your needs or those of other on the plan. No one from the insurance company checked your teeth, or your children's teeth, nor asked you what level of dental health was important to you. That's okay. That's our job.

> **We want to assure you that in this practice we will always make recommendations based on what we believe to be the best for you; never on what your policy covers.**

We will help you to see what we see, and diagnose things together. We'll help you understand the existing dental conditions in your mouth, how they occurred, and what you can do about them. We'll talk with you about options and help you understand the implications of choices you make. We want to work with you over time to help you achieve the level of health you desire for yourself and your children.

> **Most of our patients tell us they want dentistry that is done right the first time. They want the longest lasting, most dependable, most comfortable and most attractive treatment they can have. That's also what we see as the best and, in the long run, the most economical dentistry.**

We encourage you to look at the dental insurance as an *aid* in achieving your goals. Dental insurance was never designed to pay for everything in the plan you might want; *only to defer some of the cost of some of the treatment* that its customers might choose.

We have a lot of experience with dental insurance in our practice and we are happy to share what we know with you. We'll help you figure out what you're benefits provide, help you to ask the appropriate questions of your benefits advisor, and help you get the most of what you are entitled to under your plan. We hope you will see us as a resource in helping you make good decisions regarding your dental health.

Dental Insurance

FAQ's

Q. What is an alternative benefit?

A. A provision in a dental plan contract that allows the third-party payer (not you or your dentist) to determine the benefit based on an alternative procedure that is generally less expensive than the one provided or proposed. Each individual contract specifies what types of procedures are considered for benefits. Even necessary procedures may be excluded from your contract.

Q. Why does my plan only pay for the least expensive treatment when my doctor recommends another? (alternative benefit)

A. To save money, many dental plans allow a benefit only for the least expensive method of treatment. For example, your dentist may recommend a crown, with your insurance only offering a benefit towards a filling. This does not mean that you have to accept the filling. The good news is that some benefit will be paid; the bad news is that more of the fee will be your responsibility. Remember that your dentists responsibility is to prescribe what is best for you. The insurance carrier's responsibility is to control payments.

Q. What should I do if my insurance doesn't pay for treatment I think should be covered?

A. Because your insurance coverage is between you, your employer, and the insurance carrier, your dentist does not have the power to make your plan pay. If your insurance doesn't pay, you are responsible for the total cost of treatment.

Q. How does my insurance company come up with its allowed payments?

A. Many insurance companies refer to their allowed payments as UCR, which stands for usual, customary and reasonable. However, usual, customary and reasonable does not really mean exactly what it seems to mean. UCR is actually a listing of payments for all covered procedures negotiated by your employer and the insurance company. This listing is related to the cost of the premiums and where you are located in your city and state. Your employer has likely selected an allowed payment or UCR payment that corresponds to the premium cost they desire. UCR payments could be more accurately called negotiated payments.