Cloppers Mill Dental

13239 Executive Park Terrace
Germantown, MD. 20874

Date of Today's Visit: _____

Patient Information: (Patient is responsible party if parent/guardian is not listed below)

First Name: _____ Last Name: _____ MI: _____

Birth date: _____ SSN #: _____ Marital Status: _____

Home Address: _____City, State, Zip: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email: _____ Emergency Contact: _____

Current Employer or School: _____

How did you hear about our office? Internet search □ Friend/Relative □ Insurance Company □ Other: _____

If internet search, what did you type for the search? _____

Your cell phone number helps us provide you with text reminders for your future appointments, as well as insurance estimates and other pertinent information regarding your oral health and treatment. You can also reach us via text for dental emergencies by calling our regular office phone number after hours for instructions. Only Dr. Oh and Cloppers Mill Dental staffs have access and respond to these messages.

Responsible Party: (if other than patient listed above – i.e. the **subscriber of the insurance policy, or parent/guardian**)

First Name: _____ Last Name: _____ MI: _____

Birth date: _____ SSN #: _____ Marital Status: _____

Home Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email: _____ Emergency Contact: _____

Current Employer or School: _____

Dental Insurance Information: (does not need to be completed if you brought your insurance card)

Insurance Company: _____ State of insurance: _____ Relationship to Insured: _____

Subscriber ID #: _____ Group #: _____ Employer: _____

Dental History

Referred by: _____

How would you rate the condition of your mouth? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Last dental visit: _____ I routinely see a dentist every: ☐ 3mo. ☐ 4mo. ☐ 6mo. ☐ 12 mo.

Any overall concerns with your oral health?:

_____

Medical History

Name of Physician _____ Most recent physical examination _____

Medications you are currently taking?

_____

_____

Please check all appropriate boxes:

Allergic to any of the following? : ☐ aspirin ☐ penicillin ☐ codeine ☐ local anesthetic ☐ metal ☐ other? _____

☐ artificial joint/heart valve ☐ anemia ☐ arthritis ☐ asthma ☐ alcohol/drug dependency

☐ cancer (type? _____) ☐ cold sores ☐ chemo therapy ☐ diabetes ☐ epilepsy ☐ glaucoma

☐ high blood pressure ☐ high cholesterol ☐ hepatitis (type? _____) ☐ HIV/AIDS ☐ head or neck injuries

☐ heart disease (Please explain _____)

☐ hospitalization for illness or injury (type? _____) ☐ hormone deficiency

☐ heavy smoker (1+ pack a day) ☐ jaundice ☐ kidney disease ☐ liver disease ☐ lumps or swelling in mouth

☐ FEMALE – taking birth control pills ☐ FEMALE – pregnant ☐ psychiatric treatment ☐ rheumatic fever

☐ stomach or duodenal ulcer ☐ stroke ☐ sinus problems

☐ OTHER? _____

Office Policies

Insurance & Payments:

- Payment is expected at the time of service. We accept a variety of payment methods to help you with your dental treatment, such as all major credit cards, and by offering a payment plan option through Care Credit.
- In order to provide you with the highest level of care we work with all dental PPO insurance policies, verify dental coverage, and happily file insurance claims for you.
- We can only provide an estimate of coverage at the time of service. All insurance policies state they cannot guarantee payment until a claim has been processed; even with a "pre-authorization" there is no guarantee of payment.
- Your insurance policy is a contract between you and your employer – we resume no responsibility for what your insurance does or does not cover. Estimates including insurance given for treatment or preventative care are not binding.
- Patients with Delta Dental and BlueCross/CareFirst insurance, with the exception of BCBS Primera and BCBS of Georgia, will receive reimbursement directly from their policy. Payment is expected in full at the time of service, regardless of insurance coverage. Please make necessary financial arrangements prior to treatment.
- Please discuss payment arrangements with our patient coordinator Cristina, and any payment related questions or concerns you may have regarding treatment prior to services being scheduled and/or completed.

Failed or canceled appointments:

- We reserve space just for you in our office to receive care and require at least 48 hours notice to change or cancel an appointment. Without this notice we will assess $50 per half hour of a broken appointment. We also reserve the right to reschedule your appointment if you are unable to arrive on time. This fee must be satisfied before we will schedule a new appointment. Please understand by not keeping your reserved appointment it creates a scheduling conflict for both our office and our patients.

Delinquent Accounts:

- In the event you acquire account balance which remains unsettled past ninety days and your credit card on file has failed you will become subject to finance charges and the account may be forwarded to an outside collection agency or the District Court of Montgomery County. All fees associated with the collection of your balance (i.e. administrative fees, collection agency fees, attorney fees, etc.) as well as a $300 processing fee will become your responsibility.

Patient or responsible party signature: _____ Date: _____

YOUR SIGNATURE IS REQUIRED PRIOR TO TREATMENT TO STATE YOU HAVE READ AND AGREE TO OUR OFFICE & HIPAA POLICIES

Dear Cloppers Mill Dental Patients,

We have prepared this letter to help you better understand the complexities of dental insurance; we realize how confusing it can be. To begin, we would like to highlight a misconception – Dental insurance was not designed to pay for all dental care. Most contracts have limits and/or various degrees of co-payments.

All levels of payment by insurance companies, including allowed fees, usual and customary (UCR), are governed by the premiums paid. They have nothing to do with the actual charges. Our fees are based upon a combination of our costs, our time and our constant dedication to supplying our patients with the highest quality of dental care. The treatment recommended by our office is never based on what your insurance company will pay; you treatment should not be governed by your insurance contract.

However, it should be understood that the dental insurance contract is between the insurance company and the patient, whom bears the ultimate financial responsibility.

We hope this information has been helpful. Please take the time to review your contract thoroughly so we may best serve you. As always, you may feel free to ask any member of our staff for clarification on services, billing and insurance.

Sincerely,

Cloppers Mill Dental Staff

Patient Signature: _____ Date: _____

Witness: _____ Date: _____