Contemporary Dentistry, PLLC

Arlene Messer, DDS ● Anna V. Belous, DDS

PATIENT REGISTRATION

Patient Name _____ Birth Date _____ SS # _____
Spouse's Name_____ Birth Date _____ SS# _____
(If a child) Parent's Name _____ Birth Date _____ SS# _____
Address _____City_____ State _____ Zip_____
Home # _____Work # _____ Ext _____ Cell # _____
Marital Status: Single □ Married □ Significant Other □ Divorced □ Separated □ Widowed □
Email Address _____
Hobbies/Interests _____
Purpose for this appointment _____
Are any of your family members patients at our practice? _____
Who may we thank for referring you? _____

Responsible Party (if someone other than patient) _____
Address _____ City _____ State _____ Zip _____
Birth Date _____ SS# _____ Driver's License # _____

In case of emergency, who should we contact? _____ Phone # _____
Patient employed by _____ Present position _____
Business address _____ City_____ State _____ Zip _____
Spouse employed by _____ Present position _____
Business address _____ City _____ State _____ Zip _____
Are you a full time student? _____ Name of school _____

Primary Dental Insurance Information:
Name of insured _____ Birth date _____ Relationship to patient_____
Primary insurance company _____ Policy # _____ Group # _____
Address _____ City _____ State _____ Zip _____
Insurance company phone # _____
Secondary Dental Insurance Information:
Name of insured _____ Birth date _____ Relationship to insured _____
Secondary insurance company _____ Policy # _____ Group # _____
Address _____ City _____ State _____ Zip _____
Insurance company phone # _____

Patient Medical/Dental Information:
Name, address, and Phone # of primary physician_____

1. When was your last dental visit? _____
2. Does dental treatment make you nervous?..... Yes No
3. Are you having any discomfort at this time?..... Yes No
   Where? _____
4. Are you interested in whitening your teeth?..... Yes No
5. Are you interested in finding out more about cosmetic Dentistry? ..... Yes No
6. Have you had orthodontic treatment? ..... Yes No
7. Do you get headaches, jaw, neck or shoulder pain, or have you had TMJ issues in the past? ..... Yes No
8. Do you have or have you ever had any of the following:
   Please circle what applies
   Clicking or popping of jaw..... Yes No
   Difficulty opening or closing jaw..... Yes No
   Clenching/grinding/shifting in bite..... Yes No
   Bleeding or sore gums..... Yes No
   Sensitivity to hot, cold, sweets, or biting..... Yes No

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Financial Agreement and Disclosure Notice

The undersigned or responsible party agrees that the following terms will govern the payment of professional services rendered by our office and charged to his/her account.

1. Undersigned agrees to pay the balance of his/her account when services are rendered.
2. If the undersigned has dental insurance, we will accept assignment of insurance benefits, if allowed by your insurance company.
    A) If assignment of benefits is not allowed by your insurance company, then payment is due as the services are rendered.
    B) Undersigned's estimated share of fee is due at the time of service, if insurance benefit is assigned to our office.
    C) Undersigned understands and accepts that he/she is responsible for the entire fee regardless of what insurance pays.
3. In the event undersigned fails to pay the balance within 60 days of the date of service, A FINANCE CHARGE of 1½% per month (annual percentage rate 18%) shall be calculated on the unpaid amount which is more than 60 days overdue.
    A) We have the option of deleting any finance charge, if the account is paid in full within 10 days of statement date.
    B) We will incur minimum billing/finance charge of $3.00 to those accounts due past 60 days.
4. Undersigned MAY AVOID a finance charge by paying the new balance in full as outlined above.
5. Any check that is returned to our office for insufficient funds will incur a $30 fee.
6. Undersigned on a monthly payment plan will be charged the minimum billing/finance charge on any amount owed 60 days beyond the initial billing date.
7. Appointments cancelled with less than 24 hours notice are subject to charge. The charge will be dependent on the length of the appointment. Typically a broken hygiene appointment will incur a $85.00 fee and a broken doctor appointment will incur a fee of $250.00/hour.
8. The Undersigned agrees to pay, to the extent permitted by law, all reasonable attorney fees and collection costs in the event that the unpaid balance of the undersigned's account is referred to an attorney or a collection agency.

The Undersigned or responsible party acknowledges that he/she has read and understands the information above and that a copy of this statement may be received upon request.

Signature of Patient or Responsible Party (if under 18 years of age) _____

Printed Name _____ Date _____

Comments:_____

_____

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Dental Fear Screening Information

Do you get sweaty palms just thinking about going to the dentist? Do you feel strange or different because you have a great fear of dentistry? Don't worry – you have lots of company! Studies show that 50% of the population avoids the dentist, usually because they are afraid. In our office, we will try to help you to overcome your fear. We care very much about every fearful patient who has had a bad dental experience. You may be surprised that today's dentistry can be compassionate and caring. There are many things that can be done for the person who has fear of dentistry. To allow us to better understand the source of your fear, please help us by answering the next few questions.

1. As a child, did you ever have a bad dental experience? If so, please describe it.

   _____

   _____

2. As an adult, did you ever have a bad dental experience? If so, please describe it.

   _____

   _____

3. Are you afraid of needles? If yes, please tell us why.

   _____

   _____

4. Are you afraid you may be hurt during the "drilling"? Please explain.

   _____

   _____

5. Does the sound/noise of the drilling bother you? _____
   Did you know that you can wear headphones during the dental procedure to eliminate this noise? Would you like to try this? (There is no charge for this service) _____
6. Did you know that a novacaine injection can be relatively painless? _____
   By applying a cream on the gum before injection, the surface of the gum becomes numb so that you don't feel the needle. By injecting the novacaine slowly and gently, you feel a small amount of pressure and that is all.
7. Does the swollen, numb feeling in your lips and tongue bother you? _____
   If so, we can use, in certain situations, a special syringe which will numb only your tooth and leave your lip and tongue feeling normal.
8. What are your greatest fears about dentistry?
   #1 Greatest fear _____
   #2 Greatest fear _____
   #3 Greatest fear _____

If you have any other fears or concerns, please tell us. We'd love to help you. We make every effort to provide dental treatment in a relaxed, caring environment. If you have additional questions or comments, please jot them below.

_____

_____

_____

_____

_____