

## DENTAL CARE OF WALNUT CREEK

*The information requested below will allow us to correctly establish and/or update your account.  
We appreciate your help in making this information as accurate and complete as possible.*

	Name _____	Birthday _____
	Street Address _____	Apt. # _____
<b>PATIENT</b>	City _____ State _____ Zip _____	Driver's License # _____
<b>INFORMATION</b>	[ ] Male [ ] Female [ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Widower/Widow	
	Employer _____	Occupation _____
	Home Phone _____	Cell Phone _____ Work Phone _____
	Email _____	

If the same as the patient, write "SELF"

	Name _____	Birthday _____
	Street Address _____	Apt. # _____
<b>RESPONSIBLE</b>	City _____ State _____ Zip _____	Driver's License # _____
<b>PARTY</b>	[ ] Male [ ] Female [ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Widower/Widow	
<b>INFORMATION</b>	Employer _____	Occupation _____
	Home Phone _____	Cell Phone _____ Work Phone _____
	Email _____	

	Do you have dental insurance? [ ] Yes [ ] No (If YES, please complete the following information.)	
	Primary Insurance	Secondary Insurance
<b>INSURANCE</b>	Employer _____	_____
<b>INFORMATION</b>	Policy issued to _____	_____
	Social Security # _____	_____
	Insurance Company _____	_____
	Insurance ID # _____	_____
	Group # _____	_____
	Birthday _____	_____

*We need the above information so that we can help you obtain the dental insurance benefits you are eligible for. This may require submitting the Doctor's treatment plan to the insurance company(s) for a pre-determination of benefits, or in some cases obtaining the information by phone. We can NEVER guarantee payment by your insurance company. The insurance company's contract is with you and your employer.*

<b>EMERGENCY</b>	Name _____	Phone _____	Relation _____
<b>CONTACTS</b>	Name _____	Phone _____	Relation _____

### To help us get to know you a little better, please provide the following information

Do you have a nickname? \_\_\_\_\_

Name of your physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of your former dentist \_\_\_\_\_

What is the purpose for today's visit? \_\_\_\_\_

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

# DENTAL CARE OF WALNUT CREEK

## HEALTH QUESTIONNAIRE

Patient Name \_\_\_\_\_

01. Is your general health good?	YES	NO
02. Has there been any change in your health within the past year?	YES	NO
03. Are you currently under the care of a physician? If YES, what conditions are you being treated for?	YES	NO
04. Have you ever had a serious illness, operation or hospitalization?	YES	NO
05. Are you currently taking medications? If YES, please list them.	YES	NO
06. Do you use tobacco in any form? If YES, type and frequency usage?	YES	NO
07. Have you ever used recreational drugs? If YES, what and when?	YES	NO
08. Have you ever taken the drugs "Phen-Phen" or "Redux"?	YES	NO
09. (Women) Are you pregnant? If YES, when is the due date?	YES	NO
10. (Women) Are you currently taking birth control pills?	YES	NO

Do you have or have you had any of the following?

CARDIOVASCULAR SYSTEM			ALLERGIES			RESPIRATORY SYSTEM		
Pacemaker	YES	NO	Penicillin	YES	NO	Asthma	YES	NO
Heart Murmur	YES	NO	Sulfa	YES	NO	Bronchitis and/or Emphysema	YES	NO
Mitral Valve Prolapse	YES	NO	Codeine	YES	NO	Tuberculosis (TB)	YES	NO
Artificial Heart Valve	YES	NO	Latex	YES	NO	Sinus Problems	YES	NO
High Blood Pressure	YES	NO	Metal	YES	NO	NERVOUS SYSTEM		
Heart Attack and/or Stroke	YES	NO	Local Anesthetics	YES	NO	Dizziness / Fainting / Vertigo	YES	NO
Congestive Heart Failure	YES	NO	Others	YES	NO	Ringin in the ears	YES	NO
Angina Pectoris (Chest Pain)	YES	NO	URINARY SYSTEM			Epilepsy / Seizures / Convulsions	YES	NO
Shortness of breath	YES	NO	Kidney Disease	YES	NO	Cerebral Palsy	YES	NO
Ankle Swelling	YES	NO	Venereal Disease	YES	NO	Psychiatric Treatment	YES	NO
Congenital Heart Disease	YES	NO	Burning on Urination	YES	NO	DIGESTIVE SYSTEM		
Rheumatic Fever	YES	NO	BONE / MUSCLES			Hepatitis (Type)	YES	NO
BLOOD			Artificial Joints / Limbs	YES	NO	Jaundice	YES	NO
AIDS / HIV / ARC	YES	NO	Arthritis / Rheumatism	YES	NO	Ulcers	YES	NO
Anemia	YES	NO	Osteoporosis	YES	NO	MISCELLANEOUS		
Blood Transfusion	YES	NO	Bisphospenates	YES	NO	Hay Fever	YES	NO
Bruise easily	YES	NO	ENDOCRINE SYSTEM			Tumors or Growths	YES	NO
			Diabetes (Type)	YES	NO	Radiation Therapy / Chemotherapy	YES	NO
			Thyroid Disease	YES	NO			

Do you have any other medical issues not mentioned above? YES NO

## DENTAL QUESTIONNAIRE

01. Do you have any discomfort, pain or concerns at this time? If YES, please describe.	YES	NO
02. Have you ever had any serious trouble with previous dental treatments? If YES, please describe.	YES	NO
03. When was your last dental visit? _____ Last cleaning?		
04. Have you ever been treated for Periodontal(Gum) Disease or Pvorrrhea Last x-rays taken?	YES	NO
05. Do dental treatments make you nervous? _____ NO SLIGHTLY MODERATELY EXTREMELY		
06. Have you ever had trouble with Local Anesthetic? If YES, please describe.	YES	NO
07. How often do you brush? _____ NEVER ONCE DAILY TWICE DAILY AFTER EVERY MEAL		
08. How often do you floss? _____ NEVER INFREQUENTLY DAILY AFTER EVERY MEAL		
09. Do you like the your smile or the way your teeth looks? If NO, why?	YES	NO
10. Would you be interested in whitening your teeth?	YES	NO
11. Are you currently in Orthodontic treatment? If NO, would you be interested?	YES	NO

Do you currently have any of the following?

Bleeding and/or sore gums	YES	NO	Loose teeth	YES	NO	Clicking/popping noises from jaw	YES	NO
Unpleasant taste and/or bad breath	YES	NO	Sensitive to temperature	YES	NO	Difficulty opening and/or closing jaw	YES	NO
Frequent blisters	YES	NO	Sensitive to sweets	YES	NO	Diagnosed with TMJ problem	YES	NO
Swelling and/or lumps in mouth	YES	NO	Sensitive to biting	YES	NO	Clenching / Grinding	YES	NO
Full or Partial Upper Denture	YES	NO	How old?			Is it comfortable?	YES	NO
Full or Partial Lower Denture	YES	NO	How old?			Is it comfortable?	YES	NO

*To the best of my knowledge, I have answered every question completely and accurately. I will inform my dentist of any change in my health and/or medication.*

Patient/Parent/Guardian's Signature X _____	Date _____
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Reviewing Dentist \_\_\_\_\_

Date \_\_\_\_\_

Reviewing Dentist Signature/License # \_\_\_\_\_

# DENTAL CARE OF WALNUT CREEK PATIENT RESPONSIBILITY

## MISSION STATEMENT

Initial X \_\_\_\_\_

We are here to provide dental care to meet your needs and maintain good oral health and prevent unnecessary discomfort and pain. Dentistry is not just about people coming in to get their teeth 'fixed.' It's an interaction between the patient and the dentist to spread education on good oral health care. Responsibilities fall not only with the dentist, but with you, the patient, as well. Proper homecare and good habits, alongside regularly scheduled dental checkups, are the foundation to a healthy mouth.

Good communications between you and the dentist will enable each dental visit to be as pleasant as possible. The relationship we have with our patients is very important to us, as we strive to be perceptive and sensitive to the feelings of our patients. Please fill out the forms completely and truthfully to avoid delay of dental treatments; this includes your recent medical and dental histories. If you have had a dental examination done at another office within the past 24 months, please bring any x-rays from the previous office prior to your initial examination. We believe in doing a thorough examination of your mouth and then explaining everything we find to you, both good and not so good. As a patient, it is your responsibility to ask questions and follow through with your treatment.

We do not believe in letting insurance companies dictate your dental treatment, and neither should you. After all, who knows what's best for your teeth, your dentist or the insurance company? Insurance companies will often cover only the most basic and least expensive procedures. You, as a patient, should demand nothing less than ideal dentistry being performed inside your mouth. Procedures done with short term goals in mind will inevitably require redoing not too far in the future. Long term ideal dentistry may cost a little more now, but will last longer and actually cost you less in the long run.

Please treat our staff with respect and courtesy. They are working very hard with your best interest at heart. We are very happy with the confidence you have shown in choosing Dental Care of Walnut Creek as your dental provider.

## GENERAL INFORMED CONSENT

Initial X \_\_\_\_\_

I hereby request and authorize the dentist and the staff at Dental Care of Walnut Creek to perform dental work upon me for the purpose of improving the appearance, function and health of my mouth and its associated structures. This includes is not limited to general intraoral and extra oral examination of the head and neck area, along with taking any necessary dental radiographs needed to assist in thorough diagnosis and treatment. I understand it is my responsibility to ask questions prior to any dental procedure. I am aware that I have the right to refuse any procedures to be done in my mouth unless I fully understand what is involved; the risks and benefits of the procedure and its alternatives. I hereby authorize the release of any respective dental records to specialists referred to by Dental Care of Walnut Creek as deemed necessary for the improvement of my oral health. This consent for record release is limited only to referrals made from Dental Care of Walnut Creek, and is not applicable to specialists chosen by the patient outside of the office. Release of records to any dental office(s) not authorized by Dental Care of Walnut Creek will require the completion of a release form.

I know and understand the practice of dentistry and surgery is not an exact science and reputable dental practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance have been made by anyone regarding the dental treatments that I have requested and authorized. I understand that each dentist is an individual practitioner and is individually responsible for the dental care rendered to me. I understand that only the treating dentist is responsible for my dental treatments.

I acknowledge that I have read a copy of the Notice of Privacy Practice provided to me by Dental Care of Walnut Creek. I understand that a copy of this Notice can be provided upon request.

## DISMISSAL FROM OFFICE

Initial X \_\_\_\_\_

The doctor-patient relationship is a voluntary two-way relationship. Dental Care of Walnut Creek works very hard to maintain a healthy relationship with patients and strives to ensure ultimate patient satisfaction. However, there are times where this relationship becomes strained and Dental Care of Walnut Creek will seek to dismiss a patient. This is never a decision we take lightly as Dental Care of Walnut Creek will make all attempts before resorting to patient dismissal.

The following can be grounds for permanent dismissal from Dental Care of Walnut.

- Patient noncompliance
- Failure to keep appointments

- Chronic tardiness
- Unacceptable behavior (rudeness; belligerence; violence; sexual advances; unreasonable demands)
- Verbal abuse
- Drug seeking behavior
- Refusal of medical advice
- Failure to pay account balance
- Providing false or fraudulent information to the provider

**NOTICE OF ASSOCIATE DENTISTS AS INDEPENDENT CONTRACTORS**

**Initial X \_\_\_\_\_**

As a valued patient of our office, you will receive care and treatment from “associate” dentists. These associate dentists work in our office as independent contractors, meaning they are individually licensed by the Dental Board of California and are responsible for maintaining their own schedules, continuing dental education, licensing, and policies of professional liability insurance. In short, these associate dentists are not employees of the office, but maintain their own individual professional practices at our office.

As a result, each associate dentist is individually responsible for the care and treatment they provide. If you experience any difficulty or have any questions regarding any care and treatment provided by an associate dentist, please consult with them directly. If you find that the associate dentist has not responded adequately to your inquiries, please inform the office and we will work to assist you in resolving any issues you may have.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Date

## **DENTAL CARE OF WALNUT CREEK FINANCIAL AGREEMENT**

Thank you for choosing Dental Care of Walnut Creek as your dental health care provider. We are committed to providing all patients with the highest quality lifetime dental care so optimum oral health can be attained. All parties benefit when office and financial policy arrangements are understood. Please understand that payment of your dental bill is considered as part of your overall dental treatment. The following is a statement of Dental Care of Walnut Creek's financial agreement which the patient is required to read and sign prior to start any dental treatment.

### **INSURANCE**

**Initial X \_\_\_\_\_**

The patient's complete insurance information must be presented at the time of services if the insurance carrier is to be used for billing. All insurance co-pays, deductibles, and office visit fees must be paid at the time of service. All insurance benefits are payable to Dental Care of Walnut Creek, and the patient agrees to release any information necessary to ensure compliance in insurance billing. Even though Dental Care of Walnut Creek is an in-network provider for most dental insurances, the dental office has no jurisdiction over how a policy is written or the contracted amount that is charged. Complaints or disagreement regarding coverage issues should be filed and be pursued with the insurance carrier or the employer as the dental insurance is a contract between the patient, employer, and the insurance carrier.

Please understand that not every procedure may be covered by a particular insurance plan; merely "having insurance" does not guarantee a specific procedure will be covered. Electing to do "what insurance covers only" may be a contraindication to the dentist's diagnosis of a particular condition, as not every insurance plan corresponds with the treatment appropriate for that patient. Despite being in-network providers, the insurance carrier does not legislate how Dental Care of Walnut Creek operates and performs dentistry.

We understand insurance guidelines can be overwhelming and difficult to understand, and Dental Care of Walnut Creek will make every effort to assist the patient to better comprehend their benefits. Cost estimation provided by Dental Care of Walnut Creek is only an estimate, calculated based off benefits information provided to us by the insurance carrier. However, the insurance carrier ultimately makes the final determination on coverage and payment. Any amount not paid by the insurance carrier is the responsibility of the patient. In the event that the insurance carrier applies alternate benefit on service codes submitted, it will be the patient's responsibility to pay the difference.

PPO (Preferred) or EPO (Exclusive) Provider Organization operates off a percentage system with a yearly maximum of allowance along with an annual deductible. The insurance carrier will reimburse Dental Care of Walnut Creek a percentage of the overall cost of dental treatments and the patient is liable for the remaining amount. In-Network provider has to comply with a fee schedule and a signed contract as determined by the insurance carrier. Not every dental procedure is covered by the insurance carrier and it can vary plan to plan even within the same carrier.

HMO (Health Maintenance Organization) allows patients to have access to dental treatments based off a set of discounted fees payable by patients. Patients are entitled to these fees as pre-determined by the insurance carrier and there is no percentage system. Since these are discounted plans, there is a fee payable by patients for each and every procedure performed, whether the procedure is on your plan or not. In-Network provider has to comply with the discounted fees and a signed contract as determined by the insurance carrier. Most HMO plans will have an office visit fee that will be collected at each visit per the contract with the insurance carrier; office visit fees are not written into cost estimate provided.

### **PAYMENT**

**Initial X \_\_\_\_\_**

Dental Care of Walnut Creek desires to make dental treatment affordable to all patients and offers different payment options.

- Cash
- Credit Cards
- 3rd Party Payment Plan Approved by Dental Care of Walnut Creek

Full payment for most services is due at the time dental treatment is rendered unless prior arrangements have been made. Cosmetic procedures or treatments requiring multiple visits may be eligible for split payments. Parents or guarantors accompanying minors to the appointment are responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized prior to the appointment date or previous arrangements have been made with Dental Care of Walnut Creek. Personal checks are not accepted under any circumstance. Any balance due on the patient's or guarantor's account

must be paid within 30 days and past due accounts will be subjected to a 3 % monthly interest unless prior arrangements are made. Past due accounts over 6 months will be assessed an additional 30% fee and be submitted to an outside collection agency.

**BROKEN APPOINTMENTS**

**Initial X \_\_\_\_\_**

The time reserved for each appointment at Dental Care of Walnut Creek is important and we understand that unforeseen emergencies do occur, and may take precedence over upholding this appointment. As a courtesy to our staff and other patients, please allow a 24 hour notice for cancellations and rescheduling requests.

- No penalty will be assessed for the first time
- Repeat broken appointments may be assessed a minimum fee of \$50 per broken appointment (examination appointments, hygiene appointments, emergency appointments, or consultation)
- Broken appointments that require a deposit will result in the forfeiture of that deposit
- Three or more broken appointments may lead to dismissal from Dental Care of Walnut Creek
- We reserve the right to dismiss any patient who cancels their appointment repeatedly.

**WARRANTY AND REFUNDS**

**Initial X \_\_\_\_\_**

Dental Care of Walnut Creek always strive to attain ideal results with maximum patient comfort, but please understand that the practice of dentistry and surgery is not an exact science and reputable dental practitioners cannot properly guarantee results. Every reasonable effort will be made to ensure that patient treatment is performed properly to satisfaction. Limited warranty is provided for most dental services provided by Dental Care of Walnut Creek. Limited refunds maybe furnished pending assessment of each individual case and a restocking fee will be assessed for all returned prosthesis within a certain time period. Details can be found under consent forms for individual procedures.

**RECORD RELEASE AND TRANSFER**

**Initial X \_\_\_\_\_**

Transfer request to a different dental office can only be done after the completion of a record release form. You have the right to request copies of your x-rays and patient records upon completing a release form; there are no fees assessed for these copies. The original charts/records/x-rays are the properties of Dental Care of Walnut Creek per the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**SIGNATURES BELOW INDICATES**

Patient understands and accepts Dental Care of Walnut Creek's policy of assignment of insurance benefits.

Patient attests to the accuracy and completeness of the dental insurance coverage information.

Patient authorizes Dental Care of Walnut Creek to release any information necessary to process insurance claims and appeals in addition to payments of dental benefits.

Patient acknowledges that Dental Care of Walnut Creek is in compliance with HIPPA's privacy policy stating that the dental office is required to maintain the privacy of all health information.

Patient understands and agrees to the terms and condition to Dental Care of Walnut Creek's office policy.

Patient understands that the associate dentists operates as independent contractors at Dental Care of Walnut Creek, meaning they are individually licensed by the Dental Board of California and are responsible for maintaining their own schedules, continuing dental education, licensing, and policies of professional liability insurance.

Patient understands this agreement will extend to all future dental treatments with Dental Care of Walnut Creek.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Date

## **DENTAL CARE OF WALNUT CREEK APPOINTMENT CANCELLATION POLICY**

We understand that unforeseen emergencies do occur, and may take precedence over upholding your appointment. If you must cancel your appointment, please do make a simple phone call or email to us, so that we can give your appointment time to our patients on our waiting list. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen.

As a courtesy to our staff and other patients, please allow a 24 hour notice for cancellations and rescheduling requests.

- No penalty will be assessed for the first time
- Repeat broken appointments may be assessed a minimum fee of \$50 per broken appointment (examination appointments, hygiene appointments, emergency appointments, or consultation)
- Broken appointments that require a deposit will result in the forfeiture of that deposit
- Three or more broken appointments may lead to dismissal from Dental Care of Walnut Creek
- We reserve the right to dismiss any patient who cancels their appointment repeatedly.

Thank you for being a valued patient of Dental Care of Walnut Creek and your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused appointments to better serve the needs of all our patients.

I have read and understand the above cancellation policy.

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Print Name

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Patient or Parent/Guardian Signature

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Date

**DENTAL CARE OF WALNUT CREEK**  
**DENTAL RADIOGRAPHS (X-RAYS) INFORMED CONSENT**

The use of dental radiographs, or x-rays, allows dentists at Dental Care of Walnut Creek to detect dental problems early before serious damage is done to teeth, gums, and supporting bones and structures. Undetected dental problems can be more complicated and expensive to restore and can possibly incur more serious damage to the general health. Dental Care of Walnut Creek does not advocate waiting for symptoms to manifest before treatment in most cases as prevention is the best tool in long term dental health. Dental radiographs are a part of a comprehensive dental oral examination.

**EXPOSURE**

Dental Care of Walnut Creek understands the risks associated with radiation exposures and takes every precautionary measure to ensure minimal exposure to all patients. Protective lead shielding with thyroid shield and new state of the art digital radiograph techniques allows us to obtain useful dental radiographs while minimizing exposure.

**FREQUENCY**

Dental Care of Walnut Creek will acquire check-up dental radiographs annually to assess general dental healthy. More frequent dental radiographs maybe taken of specific areas pending existing dental problems. Patients presented for dental emergency or limited care will have dental radiographs taken as needed to properly diagnosis the issue.

**PREGNANCY**

Dental Care of Walnut Creek does not take routine dental radiographs on patients who are pregnant unless a medical release is obtained from their Obstetrics and Gynecology physician. Dental Care of Walnut Creek will acquire dental radiographs for emergency or limited care visits where a radiograph is absolutely necessary to help diagnosis a dental problem. Extra shielding will be provided at the anterior/posterior abdominal region.

Please inform the office if you are currently pregnant or thinks you may be pregnant.

**INSURANCE**

Dental Care of Walnut Creek will acquire dental radiographs as determined by the needs of each dental visit. Our priority is to ensure the patients obtain the best possible dental care and this is not dictated by any insurance policy. There may be instances where certain dental radiographs will not be fully covered by an insurance plan. Any amount not covered will be the financial responsibility of the patient and/or their guardians.

**RADIOGRAPH REFUSAL**

As a patient, you have the right to reject any dental procedures recommended. Dental Care of Walnut Creek does not support or advocate skipping dental radiographs as it inhibits the ability of the dentists to properly diagnose and treat dental problems. Performing dental without adequate dental radiograph is considered to be below the standard of care as dictated by the Dental Board of California. Dental Care of Walnut Creek reserves the right to dismiss patients refusing dental radiographs if we feel it will hinder our ability to perform dentistry at or above the standard of care.

Patients with documented medical condition that necessitate limited dental radiographic exposures must have a medical release from their primary physician.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Date