

Patient Name: _____

*If you do not have dental insurance, please skip to the bottom portion of this page.

Primary Dental Insurance Information:

Subscriber Name: _____ Social Security #: _____
Date of Birth: _____ Relationship to Patient: _____
Employer: _____ Business Phone: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Insurance Company: _____
Contract Number: _____ Group Number: _____

Secondary Dental Insurance Information:

Subscriber Name: _____ Social Security #: _____
Date of Birth: _____ Relationship to Patient: _____
Employer: _____ Business Phone: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Insurance Company: _____
Contract Number: _____ Group Number: _____

Consent for Use and Disclosure of Health Information:

I have had full opportunity to read and consider the contents of the Notice of Privacy Practices, I understand that by signing this, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature: _____ **Date:** _____

I have received a copy of this office's Notice of Privacy Practices.

Signature: _____ **Date:** _____

Borson Dental Appointment Policy

Every effort is made to keep on schedule, so we respectfully ask that patients arrive on time for their appointments. When you schedule an appointment, that time has been reserved specifically for you, therefore, we request appropriate notice if you are unable to keep your appointment. We reserve the right to charge an \$85 per hour fee for appointments cancelled or rescheduled without a **48 hour notice**. We attempt to remind all patients via telephone or email prior to their appointment, but please do not depend on this courtesy.

Borson Dental Financial Policy

Every day new insurance companies are forming and current companies are changing. Consequently, it is impossible for us to know exactly what your insurance company will cover.

Please check with your insurance carrier regarding copays, frequencies, exclusions, waiting periods, etc. so that you will be aware of your coverage. It is to your benefit to be well informed to prevent unexpected financial obligations.

If you do not inform us of any insurance changes, prior to your appointment, you will be responsible to pay for the services rendered.

If your insurance plan does not cover services that are rendered, you will be responsible to pay for the services rendered.

You are responsible for ALL copay's and deductibles.

If you have no insurance, you are responsible for all services rendered. Please feel free to talk to us about payment arrangements if needed.

I have read the above information and I understand it.

Patient's Signature (Parent/Guardian)

Date

BORSON DENTAL ASSOCIATES

Your dental care is important to us. In order to provide the best possible care, we occasionally send convenient text messages and emails to our patients including appointment reminders, new product information or any discounts that we are offering.

Please indicate your preferences below by circling the appropriate response.

Text reminders: cell # _____

- Yes, send me only appointment reminders and text messages about my treatment
- Yes, send me appointment reminders and occasional texts about discounts, products and services offered by Borson Dental.
- No, I prefer not to receive any text messages from Borson Dental, not even appointment reminders.
-

Email reminders: email address _____

- Send me email reminders ONLY to confirm my appointments. (You will not receive a text)

If you choose not to receive the above reminders, a personal call will be made to the phone number of your choosing.

It is **important** that you respond to your confirmation reminder. Either reply "1" via text message or simply click on the "CONFIRM" box in the email. If you choose to receive an automated landline call, please call us back to confirm your appointment.

All reminders are automated, they are not sent by our front desk staff. Do not respond with anything other than "1" via text. If you need to change an appointment you must call the office directly.

X _____ Date _____