

# MEDICAL AND PERSONAL HISTORY

Name	- 1,780	200			
(La	07	20	irst)		(MI)
Address			City	State _	Zip
Home Phone	Work f	Phone	Cell		OK to text Yes / N
Sex (M / F) Marital (Circle)	Status (S / M / D / W) (Circle)	Age Birth	Date	_ Social S	ec. #
Email Address			Name of Respon	sible Party	
If patient is under age	e 18: Father's Name _		Mother's	Name	
Insurance Yes / No	Insurance Compan	y Name			ID#
Employer Name			Occu	pation	
Referred by (Circle):		Brochure	Dentist/Docto		Internet
	Employee of Office	Location			Employer
	Insurance Company		- Tollott Tagoo		50 50
Family/friends treated	in practice				
	y, notify			n #	
in odde of Emergene	y, noury		11101		
Heart Condition Heart Attack or Stroke Heart Murmur Chest Pains (Angina) Heart Surgery Fainting or Dizzy Spe Heart Pacemaker High Blood Pressure Rheumatic Fever Chemotherapy Cold Sores  If you circled any con	Shortness of Swelling of Artificial Joi	ly  If Breath Ankles  Int  Ise Ise Ise Ise Ise Ise Ise Ise Ise Is	Skin Rash or Hives Kidney Trouble Diabetes Sickle Cell Disease Liver Disease Hepatitis Sinus Trouble Blood Transfusion Thyroid Disease Venereal Disease Seizures	Gla Arti Pai Arti Alc Dru Cai Rai Ge Psy	rtisone Medicine aucoma hritis n in Jaw Joints ificial Heart Valve oholism ag Addiction ncer or Tumor diation Therapy nital Herpes ychiatric Treatment
Do you have any con	ditions, disease, or pro	blems not listed	above? If yes, please	explain	4.1

Are you allergic to any r	medication, drug, or substance?	Yes / No If yes, please lis	
Have you ever been ho Have you ever had a re Have you ever had prol Have you ever had com Have you ever had an i Do you smoke or use si Are you nervous or con Are you having any pair	ou been under the care of a medic spitalized or had surgery?	tal treatment?done?	Yes / N
Comments:			
Are you pregnant? Du	ue date		
Are you taking birth cor	ne date ntrol pills? ming pregnant?		Yes / N
Are you pregnant? Du Are you taking birth con	ntrol pills?ming pregnant?		Yes / N
Are you pregnant? Du Are you taking birth con Do you anticipate becon  Dental Treatment desi Checkup Cleaning Cosmetic Dentistry	ntrol pills?ming pregnant?		Yes / N
Are you pregnant? Du Are you taking birth con Do you anticipate becon  Dental Treatment desi Checkup Cleaning Cosmetic Dentistry Other	red: (Circle)  Replace Missing Teeth Teeth Removed Consultation	Cavities Restored Dentures	
Are you pregnant? Du Are you taking birth con Do you anticipate becon  Dental Treatment desi Checkup Cleaning Cosmetic Dentistry Other  Signature of Patient, Pa	red: (Circle) Replace Missing Teeth Teeth Removed Consultation	Cavities Restored Dentures	Crowns/Caps Implants  Date
Are you pregnant? Du Are you taking birth con Do you anticipate becon  Dental Treatment desi Checkup Cleaning Cosmetic Dentistry Other  Signature of Patient, Pa	red: (Circle) Replace Missing Teeth Teeth Removed Consultation  arent, or Guardian	Cavities Restored Dentures	Crowns/Caps Implants  Date



## FINANCIAL POLICY

#### Please read entire policy

Thank you for choosing Dr. Lee as your dental health care provider. We are committed to providing you with the highest quality dental care so that you may fully attain optimum oral health. The following is a statement of our financial policy, which we require that you read, agree to and sign prior to **any** treatment.

Payment is due at the time service is provided. Our office accepts cash, personal checks, Visa, MasterCard, American Express and Discover. All returned checks will be subject to additional fees.

#### Personal payment plans are NOT an option.

If you require financial assistance please ask for information about the Care Credit program.

This office reserves the right to charge up to \$50.00 for any appointment that is canceled with less than 24 hours notice or if you fail your appointment without any notice.

As a courtesy this office will process your insurance claims. We will provide an **estimate** to you, but it is not a guarantee that your insurance company will pay exactly as we **estimated**. Your insurance plan is a contract between you, your employer and your insurance company. Our office is not a party to that contract. This office has no control on how your insurance company pays your claims.

All charges incurred are your responsibility regardless of your insurance coverage and regardless of what your insurance company deems usual and customary rates.

Insurance claims are usually received within 30 days from the time of filing. If your claim has not been paid within 30 days, you will be billed for the balance due. It will then be your responsibility to collect on the unpaid balance and if insurance does pay, we will issue you a refund check.

We ask that you sign this form and any other documents that may be required by your insurance company. This form also instructs your insurance company to make payments directly to this office.

If it becomes necessary, you will be responsible for any collection/legal fees incurred while trying to collect a past due balance.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO LEE FAMILY DENTISTRY.

Signature of Patient or Guarantor, if Minor	
7 LTC	
Date	

### APPOINTMENT POLICY

In today's busy world we understand that everyone's time is valuable. We, as your Dental Care Provider pride ourselves on running on time and on schedule. We also expect this from our patients. Failure to give proper notice or failure of an appointment may result in an inability to schedule future appointments at this office.

Signature:	Date:



JOE LEE, D.D.S.

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*You May Refuse to Sign This Acknowledgement\*

have received a copy of this office's Notice of Privacy Practices.		
Please Print N	ame	
Signature		
Date		
	FOR OFFICE USE ONLY	
	to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but nent could not be obtained because:	
☐ Individu	ual refused to sign	
□ Commu	unications barriers prohibited obtaining the acknowledgement	
☐ An eme	ergency situation prevented us from obtaining acknowledgement	

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