



Honest
Family Dental

Dr. Ameet Trivedi, DDS

How can we help you today? _____

Who was your last Dentist? _____ Last Visit: _____

Have you ever had an unpleasant dental experience? Yes No If Yes, please explain. We want to make sure it doesn't happen again: _____

How is your dental health? Good Average Needs Improvement Unsure

Do your gums bleed when you brush or floss? Never Sometimes Almost always

Are you interested in cosmetic options? If yes, please explain: _____

In accordance with HIPPA, I understand that I am giving my full permission to this office to use and disclose my protected health information in order to carry out treatment, payment activities and healthcare operations. I understand I have the right to revoke permission. I understand that my insurance company will send payment directly to the office unless prior arrangements have been made. **INITIALS:** _____

Insurance Claims

I wish to assign benefits to Honest Family Dental and understand that I am responsible for any co-pay and deductibles that my insurance does not cover. Care Credit, Cash, Checks and all major credit cards (except American Express) are accepted as payment for services. Please remember that your insurance policy is a contract between you and your insurance company. Our staff makes a point to call ahead and get each patient's benefits and eligibility; however, it is the patient's responsibility to know how their benefits work. Prior to your appointment, it is suggested you contact your insurance company to verify coverage, your co-pay, deductible, co-insurance met to date and restrictions your insurance company may have. In order to properly bill your insurance company we require that you disclose all insurance information including any change of insurance information. Failure to provide complete insurance information may result in patient's responsibility for entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that ultimately makes the final determination on eligibility and benefits. **INITIALS:** _____

I attest that all information I have provided on these two forms is accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Print Name: _____