DENTISTRY
AT LAKE NONA

10743 NARCOOSSEE RD STE A-26, ORLANDO, FL 32832

DENTAL HISTORY

Patient Name: _____ Date: _____

Date of Last Dental Visit and what treatment you received: _____

What did you like the MOST about any dental office you have visited? _____

What did you like the LEAST about any dental office you have visited? _____

How did you hear about our office? (Please select one)

Internet Website (if yes, please indicate which site) _____

Insurance _____ Search Engines (Google, Yelp, etc.) _____ Walk in_____ Other _____

If a patient referral, please tell us who to thank for referring you _____

Do you have (or have you ever had) any of the following?

!	Orthodontic Treatment	Yes_____ No_____
!	If yes, do you still wear your retainer	Yes_____ No_____
!	Difficulty opening or closing your jaw	Yes_____ No_____
!	Clicking or popping of your jaw	Yes_____ No_____
!	Night Guard	Yes_____ No_____
!	Bleeding when you brush your teeth	Yes_____ No_____
!	Red, swollen or tender gums	Yes_____ No_____
!	Persistent bad breath	Yes_____ No_____
!	Changes in your bite	Yes_____ No_____
!	Any changes in the fit of your partial/denture	Yes_____ No_____

What is your primary concern that brings you into our office today? _____

Have you ever been treated for gum disease? Yes____ No ____ If yes, please tell us when, by whom, what treatment was completed and why: _____

Does dental treatment make you nervous? Yes_____ No _____ Moderately _____ Extremely _____

Do you like your smile? Yes_____ No_____ If no, please explain: _____

What would you like to change about your teeth? _____

Anything else we should know? _____

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY

I hereby acknowledge that I have read and had the opportunity to ask questions concerning the above-named practice's Notice of Privacy Practices.

This is to acknowledge that you have authorized us to:

! Leave a detailed message, which may include test results, diagnosis or billing information on voicemail or answering machine: _____ Yes _____ No

! If not at home, may we leave a detailed message with the individual answering the phone to include the same above information: _____ Yes _____ No

Please name the individuals you hereby authorize on your behalf to speak with this office regarding all aspects of your medical chart, i.e., health conditions, medications, results, and financial information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

_____ _____

Print Patient's Legal Name Date

X _____ _____

Patient or Patient Representative Signature Date

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OFFICE AND FINANCIAL POLICY

At Dentistry at Lake Nona, we believe that you deserve the best care. That is why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Here are some important things you should know whether you have dental insurance benefits or not:

Your dental benefits are based upon a contract made between your employer (or yourself) and an insurance company. **Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.**

We currently accept all private care insurance plans (plans that do NOT require you to select a dentist from a list). Although we can maintain computerized histories of payment by a given company, they do change; therefore, it is impossible to give you a guaranteed quote at the time of service. We **estimate** your portion based on the most up to date information we have but it is **ONLY AN ESTIMATE**. Ultimately ***you*** are responsible for knowing and understanding your dental benefits under your policy. If you would like to know a specific insurance benefit, we will be happy to file a "Pre-Treatment Authorization" with your insurance company prior to treatment. Keep in mind this is Not a guarantee of coverage. **Please note:** This process does delay treatment, but it will give you a more accurate estimate as insurance companies give ***no guarantee of payment*** until a claim is received, processed, and paid. For treatment over 3 hours, a 50% deposit must be made at time of scheduling for the appointment and the remaining be paid at the time of service.

We will bill your insurance *as a courtesy*. If insurance does not pay within 90 days, Dentistry at Lake Nona reserves the right to request payment for services in full from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot, be a part of that legal contract. **Ultimately you are responsible for all charges incurred at our office. In the event any past due account balance is reported to an outside collection agency, patient will be responsible for any fees incurred from this process.** If any accounts have past due balances, including any family member associated through the account, will not be seen until balance is paid in full.

Dentistry at Lake Nona does require payment in full for your estimated portion at the time of service. We accept MasterCard, Visa, Discover, American Express, cash and checks. If you are in need of an extended finance option, we also work with CareCredit (who offers 6 or 12 month "same as cash" terms) with an interest-bearing revolving charge designed to meet your treatment needs on approved credit.

A specific amount of time is reserved especially for you, and we **strongly encourage** all patients to keep their appointments. If you must change your appointment, we require **at least 24-hours notice**, **otherwise a $40 missed appointment fee will be charged**. **WE HAVE THE RIGHT TO CANCEL YOUR APPOINTMENT IF WE CANNOT REACH YOU TO CONFIRM.**

I agree with the above conditions _____ Date _____