



Patient's Name			Sex	M	F
First	Middle	Last			
Birthday	Age	Social Security #			
Month / Day / Year					
Home Address		City	State	Zip	
Cell Phone #	Home Phone #	Email address			
Your Employer	Work Phone #	How did you hear about us?			
Spouse's (if minor, Parents) Name		Spouse (Parent) SS #	Cell #		
Emergency Contact Name		Relationship	Cell #		

DENTAL INSURANCE INFORMATION (Primary Insured Carrier)	
Insured's Name	
Insured's Employer	
Insurance Company	
Insured's Phone #	DOB
Insured's Social Sec. #	
Group #	Member ID #

FINANCIAL & HIPPA POLICY

Thank you for choosing Walton Blvd. Dental as your dental healthcare provider! The Walton Blvd. Dental family is passionate about your oral health. Below you will find our financial policy, which we require that you read, agree to, and sign before we begin any treatment.

Please note: returned checks will be subject to fees. In the event that we need to utilize a collection agency and/or legal assistance to collect, you will also be responsible for any of their charges.

If you have Insurance:

-For your convenience, we will provide an insurance **estimate** and we will help process your insurance claims. However, there is no guarantee that your insurance company will pay the full amount estimated.

-Your insurance policy is a contract with you, your employer, and your insurance company, and we are not a party to that contract.

-Your insurance company will typically pay within 30-60 days from the time of claim submission. If they do not pay within 60 days, we will ask you to contact them to help expedite payment. If payment is not received, or your claim is denied for any reason at all, **you are ultimately responsible to pay the balance.**

-We are committed to providing the best Dental treatment for our patients and our fees are customary for the industry and area. You are responsible for the agreed upon price, regardless of your insurance company's arbitrary determination of the reimbursement rates for the procedure(s)

-We require that you pay the co-payment and deductible. You can pay with cash, major credit card, or one of the third party financing options that we provide.

HIPAA Compliance Statement

Your health information may be used in our office to conduct scheduling and coordination of care between the doctor, dental assistant, hygienist and business office staff. We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. Your health information may be reviewed during the routine process of certification, licensing, credentialing activities or auditing for quality assurance.

Communication with our patients is an important part of our philosophy. We prefer to communicate with you directly but we may incorporate the use of phone messages, texts, emails, postcards, and letters. We will make every effort to respect your privacy and honor your request for confidentiality. If you have special needs in regards to privacy issues, please put them in writing for the office so that we may address your concerns.

Consent:

I have thoroughly read, reviewed, and understand and agree to the terms and conditions as listed above. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand that ultimately payment for any Dental services rendered by Walton Blvd. Dental to myself or any of my dependents is mine, and is due and payable at the time services are rendered, unless previous financial arrangements are made. I further understand that a finance, rebilling, attorney fee, and collection charge will be added to any overdue balance. By signing below, I authorize Walton Blvd. Dental to contact me via any info I provide, including emails, calls or texts to mobile or similar devices for any lawful purposes.

Patient Signature (Parent if minor)

Date