Suncoast Dentistry

Beautiful Smiles. Personal Care.

Welcome to our practice! We are very excited that you have chosen us for your dental care. We realize you have options in choosing a dental provider and we appreciate your trust and confidence in our practice!

At your first appointment, your doctor will complete a comprehensive oral examination. This includes a complete review of your medical and dental history, all necessary x-rays and intraoral photos, study models (if necessary), oral cancer screening, periodontal health evaluation, and examination of your teeth and soft tissues. Following this exam, your dentist will discuss their findings with you, develop a treatment plan that you are comfortable with, and then you will be scheduled according to your needs.

Please be prepared for your appointment by printing and completing the new patient registration forms. In order for our staff to be fully prepared for your visit, we ask that you either fax your completed forms to 941-894-1181 or e-mail to suncoastdentistryparrish@yahoo.com. You can also bring the completed form with you to your appointment. If you have dental insurance, be sure to provide all requested information to assist us in the benefit verification process. Payment is expected at the time of the first visit. If you are covered by insurance, we will expect payment of your portion at the time of service unless prior arrangements are made. We also have several financing options available and will be happy to discuss all options with you.
We ask that you make every effort to keep your appointments. Missing an appointment disrupts proper sequencing of care and delays completion of your treatment. If you need to reschedule your appointment, please call us at least 24 hours prior to your visit.

Our practice realizes the importance of referrals and we value them greatly. We are always excited to see new smiles coming through our door! We very much appreciate your confidence in us and look forward to meeting with you!

Sincerely,

Dr. Joseph T. Vu & The Suncoast Dentistry Team

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Date:_____

Title (Dr, Mr, Mrs, etc):_____Name: _____ (first–middle-last)

Sex: Male or Female Date of Birth: _____ SSN: _____-_____-_____

Address: _____City: _____State: _____ Zip: _____

Alternate Address:_____

Home Phone: _____ Cell Phone: _____ E-mail:_____

Employer: _____ Work Phone: _____

Work Address: _____City: _____State: _____ Zip: _____

Emergency Contact: _____ relationship:_____

Emergency Contact Phone: _____

At what number(s) can we try to reach you? Home Cell Work
At what number(s) can we leave appointment information? Home Cell Work
What is your preferred method of contact? Home Cell Work Email

Who shall we thank for referring you to our practice? _____

Who is responsible for paying for your account? _____

Relationship to you: _____ Phone: _____

INSURANCE INFORMATION

Name of Insurance:_____

Subscriber Name: _____Subscriber DOB:_____

Subscriber ID #:_____ Subscriber SSN:_____-_____-_____

Relationship to subscriber:_____Insurance group #:_____

Insurance address: _____

Employer providing ins. name:_____

Employer providing INS address:_____

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Consent to the Use and Disclosure of Health Information for treatment, payment, or health operations.

I, _____(*patient name*) understand that as part of my healthcare, this practice originated and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment.
- A means for communication among the many health professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand that Suncoast Dentistry reserves the right to change their notice and practices as necessary. Prior to implementation, we notify you of the revised notice and any changes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out our treatment, payment, or healthcare operations, and that Suncoast Dentistry is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that Suncoast Dentistry has already taken action in reliance thereon.

_____I fully understand and ACCEPT the terms of this consent.
(Initial)

_____I acknowledge that I have received or have been offered a HIPAA privacy notice.
(Initial)

Signature:_____ Date:_____
Patient or Legal Representative

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Patient Health Record

Patient Name_____ DOB _____Date_____
In rendering proper dental care for you, it is important that we are informed about your health. Please answer all of the following questions. Thank you for your cooperation.

Overall Health: Excellent___ Good___ Fair___ Poor___
Name, Address, and Phone Number of medical physician: _____
_____
Date of last complete physical: _____
Please list all over the counter or prescription medication that you are currently taking: _____
_____

Please check all symptoms or conditions that you have or have had in the past.

_____Artificial heart valve*	_____Infective Endocartitis history*	_____Congenital heart defect*
_____Heart/organ Transplant*	_____Artificial joint/hip*	_____ Rheumatic heart / fever
_____Heart pacemaker	_____Mitral Valve prolapse/murmur	_____Heart attack/disease
_____Hepatitis	_____Blood transfusion	_____HIV positive
_____Tumor or Cancer	_____Radiation treatments	_____Chemotherapy
_____Prolonged/excess bleeding	_____Diabetes	_____Pain in chest
_____Abnormal blood pressure	_____Stroke	_____Blood diseases
_____Anemia	_____Asthma or hay fever	_____Emphysema
_____Jaundice or liver disease	_____Cold sores or fever blisters	_____Ulcers
_____Kidney disease	_____Arthritis	_____Epilepsy or seizures
_____Fainting or dizzy spells	_____Bruise easily	_____Glaucoma (eye trouble)
_____Wears contact lenses	_____Pregnant – if yes, how far along? _____	

Dental History

Do you clench or grind your teeth during the day or while sleeping? _____
Do you often break your teeth or fillings? _____
Do you chew ice? _____
Do you feel any twinges of pain anywhere in your mouth? _____
If yes, please explain._____
Do your gums bleed when you brush or floss your teeth? _____
How often do you brush your teeth? _____ floss your teeth? _____

Medication History

Are you allergic to any medications or have reacted unfavorly to any medications? _____
If yes, please list and explain._____
Penicillin_____ Local anesthetics_____ Codeine_____ Aspirin_____

Please tell us any additional information that you feel may be important for us to know.
_____

What is your primary concern today? _____

What is your dental goal? _____

Signature_____ Date_____

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Patient Information and Agreements

Suncoast Dentistry is committed to providing all patients with exceptional service and care. Dentistry is not an exact science and therefore reputable practitioners cannot fully guarantee results. I understand that during treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. All patients are given a treatment plan following examination and must agree to the treatment plan prior to beginning any procedure(s).

Treatment Plan Estimates and Dental Insurance Benefits

Suncoast Dentistry prepares a Treatment Plan Estimate so that patients can understand the estimated costs of their recommended treatment prior to its start. The Treatment Plan Estimate is a good-faith attempt to predict the cost of your treatment based on the facts known to Suncoast Dentistry when the estimate is made. During treatment, it may be necessary to change or add procedures because of conditions found that were not discovered during the examination. If you have dental insurance, it is important to understand that your actual insurance benefits may differ from the benefits estimated in your Treatment Plan Estimate. Your Treatment Plan Estimate of insurance benefits is based on information provided by your insurance company and by you. It is simply just an estimate and your insurance benefits may be higher or lower than estimated. In all cases, you are responsible for amounts not covered by your insurance. Your insurance is a contract between you, your employer, and the insurance company. We encourage you to contact your insurance or employer if you have specific questions about coverage.

Predetermination of Insurance Benefits

A Predetermination of Benefits is a process whereby your insurance company or plan administrator tells you in advance of treatment what procedures may be covered by your insurance plan, the amount the insurance company may pay toward those procedures, and the amount you may be required to pay. It is like submitting a claim before the dental procedure or service has taken place. Because the Predetermination comes directly from your insurer, the risk of error as to your coverage is reduced. Although helpful, your insurer will inform you that a Predetermination of Benefits is not a guarantee of coverage. The Predetermination may not consider, for example, a prior claim submitted by another dentist for services provided to you, changes in your coverage that occur after the Predetermination is made but before the services actually are provided, or the insurance company's subsequent opinion that a condition could have been treated by a less costly alternative to the service provided by your dentist. The time it takes to receive a Predetermination from your insurance company or plan administrator can vary, from as few as two weeks to as many as eight weeks.

Insurance

I hereby authorize payment from my insurance company directly to Suncoast Dentistry. I understand that I am responsible for all costs of dental treatment not covered by my insurance. I authorize Suncoast Dentistry to speak to my insurance company on my behalf and release of information relating to my claim.

Payment Policy

Suncoast Dentistry patients agree to the following payment policies:

- Payment in full of the estimated patient portion of the fees is due no later than when services are rendered.
- For comprehensive treatment plans requiring multiple office visits, Suncoast Dentistry requires a minimum deposit of 50% of the total estimated patient portion of the fees at the start of treatment.
- Patients are always responsible for amounts not covered by insurance, regardless of whether the original estimate included an expected insurance benefit.
- Patients may, at their discretion, elect to pay in full, in advance for comprehensive treatment plans.

Treatment Cancellation and Interrupted Services Charges

Patients requiring crown or bridge services may cancel treatment with no charge prior to natural teeth being prepared or altered for the prosthetic. Once tooth preparation occurs, patients are liable for the estimated full cost of the services even if they choose not to complete treatment.

Accepted Forms of Payment

Suncoast Dentistry accepts cash, personal checks, Visa, MasterCard, assigned insurance benefits, and approved third-party financing.

Signature of Patient or legal guardian: _____Date: _____