Riccobene Dentistry for Kids

Thank you for choosing our office for your dental care.
We are dedicated to providing you and your family with the highest quality of care, using state of the art treatment in a comfortable and professional environment. Please familiarize yourself with the policies of this office. This form must be read and signed before treatment is rendered. **Please ask questions if you do not understand any of these policies.**

Appointments

In order to provide quality, effective care, we utilize an appointment schedule. Our office hours are Monday through Thursday 8 am to 5 pm (closed for lunch 1-2 pm). We aim to give you all the time and attention your dental care requires while you are in our office. However, if you are more than 15 minutes late for your appointment we may need to reschedule you to allow enough time for your treatment. We are available when emergencies arise, and will do our best to give prompt consideration as needed.

Cancellation Policy

To cancel your appointment, please notify our office at least twenty-four (24) hours in advance of your scheduled appointment time. Appointment changes can only be accepted during regular office hours. You may be charged a fee for not providing a twenty-four (24) hour notice of cancellation or failing to show up for the appointment. The fee will vary depending on the amount of time scheduled and will not be less than $50.00. Two (2) missed appointments may lead to an inability to schedule you for future appointments. Parents are welcome to accompany children into the operatory. However, we do require that you remain in the building with minor children (under 18 years of age) for the entire appointment.

Medicaid Patients

You must present your child's Medicaid card at the time of check-in. If you do not have your child's card, your appointment will need to be rescheduled.

Treatment Clause

It is the primary intent of Riccobene Dentistry For Kids to provide the best possible care for every patient regardless of disability, treatment needs, or behavior management challenges. In the event your child's behavior prohibits the dentist from delivering safe and effective treatment, please be aware that it is the responsibility of the parent or guardian to help manage the behavior the child or the appointment may have to be rescheduled.

Financial Agreement

Patient Name (Please Print)	Patient or Guardian Signature	Date

Riccobene Dentistry for Kids

I understand that my insurance policy is a contract between myself and the insurance company, and Riccobene Associates Family Dentistry is not a party to that contract. I am responsible for unpaid balances and non-covered services, which may result in additional fees. I am responsible for informing the office of all changes to my information and insurance prior to my appointments. Insurance must be in force and verifiable at time of treatment, and if I do not have insurance, I agree to pay in full at the time of the appointment. Balances over 30 days may be subject to 2% late payment fee per month. I hereby assign all insurance benefits for services rendered, otherwise payable to me, directly to Riccobene Associates Family Dentistry from Medicaid or my private insurance. I authorize Riccobene Associates Family Dentistry to release medical information to my insurance company, its agents or any third party for use in determining my benefits. If my account enters a delinquent status, I agree to pay all costs of collections including attorney fees and court fees, if applicable. If my account enters court collection status, I accept that I will no longer be a patient of record. I understand that the fee for a returned check is $35. Riccobene Associates Family Dentistry will maintain patient records for a minimum of seven (7) years following the latest date of service, barring any exceptions where required extended retention may be required.

YOUR SIGNATURE BELOW CERTIFIES YOU HAVE READ, UNDERSTAND AND AGREE TO THE FINANCIAL AND OFFICE POLICY PROVISIONS STATED ABOVE.

Patient Name (Please Print)	Patient or Guardian Signature	Date

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Patient Information

Please complete in ink (Required*)

*Childs Name_____*Date of Birth___/___/___ *Gender_____

Who has legal custody of the child? _____ Relationship: _____

*Address_____*City_____*State____*Zip Code_____

*Mothers Name_____ Email: _____

*Address_____*City_____*State____*Zip Code_____

*Phone: Home _____ Work_____ Mobile_____

*Fathers Name_____ Email: _____

*Address_____*City_____*State____*Zip Code_____

*Phone: Home _____ Work_____ Mobile_____

Preferred method of billing ☐ **By Mail** ☐ **Online Billing (using email address above)**

*GUARDIAN OR RESPONSIBLE PARTY

Full Name_____Relationship_____

Address_____ _____

Home Phone_____*Work_____*Mobile_____

*INSURANCE POLICY

Name of Insured_____

Date of Birth_____ Social Security_____

Employer_____ Insurance Company_____

Address_____

Policy#_____Group#_____Phone#_____

Do you have additional dental insurance? Yes No If yes, please notify our staff.

We are happy to assist you in understanding and filing your insurance for most dental procedures. Please remember your insurance is a contract between you, your employer, and your insurance company. Please understand that we cannot speak on their behalf. We will gladly act as an advocate but cannot be responsible for settling any disputed claims or coverage. We require payment of patient's estimated portion at the time of treatment. Our office policy states that you are solely responsible for your bill. If we do not receive payment from your insurance carrier within 30 days we will notify you. Failure of your insurance carrier to reimburse our office within 30 days will result in our billing you directly for the remaining balance.

Patient Name (Please Print) | Patient or Guardian Signature | Date

Riccobene Dentistry for Kids

The following questions must be answered honestly so our office can provide your child with the best possible care and service.
I understand that providing incorrect information can be dangerous to my child's health. It is my responsibility to inform the dental office of any changes in the current status as they occur.

Please provide your Pediatrician's name and phone number.

_____

Please list all medication(s) (Prescription , Over-the-Counter, Vitamins, or Supplements), dosages, and date started

_____

_____

Date of your child's last dental visit _____

Name of previous dentist _____

Address_____ Phone number_____

Please indicate your response by placing a checkmark in the appropriate column.	Yes	No
Is your child in good health today?		
When was your child's last medical exam?		
Has your child ever been seriously ill? If yes, please explain.		
Has your child ever been hospitalized? If yes, please explain.		
Has your child had any surgeries or operations? If yes, please explain.		
Was your child born prematurely or have any difficulties at birth? If yes, please explain.		
Is your child allergic to or had any unusual reactions to any of the following: (please circle any that apply) Latex Penicillin Red Dye Sulfa Drugs		
Any other allergies? Please List:		
Any concerns about your child's teeth? Please describe.		
Is your child drinking fluoridated water?		
Does your child take any fluoride supplements?		
Do you brush your child's teeth with a fluoridated toothpaste? If yes, how often?		
Does your child have any finger/thumb/pacifier habits or other habits (such a sucking on a blanket)?		
Is there a family history of cavities?		
Do you have any other children who are members of this practice?		
I consent to the diagnostic procedure and treatment by the dentist necessary for proper dental care.		

Patient Name (Please Print) Patient or Guardian Signature Date

RICCOBENE ASSOCIATES FAMILY DENTISTRY

Riccobene Dentistry for Kids

Have you ever had or have you been told that any of the following pertain to your child:

Condition:	Yes	No	Condition	Yes	No
Abnormal Bleeding/Bruising			Hearing Impairment		
ADD or ADHD			Heart Complications Heart Murmur or Congenital Defect		
AIDS/HIV			Hepatitis		
Anemia/Sickle Cell Disease/Blood Disorder			High Blood Pressure		
Arthritis/Scoliosis			Hormone/Endocrine Disorders		
Asthma/Reactive Airway Disease			Kidney Disease		
Autism/Autistic Spectrum			Liver Disease		
Autoimmune disorder			Mental Health Care		
Bladder/Kidney Problems			Mental Delay		
Cancer			Physical Delay		
Cerebral Palsy			Rheumatic Fever		
Cleft lip/Palate			Seizures/Epilepsy		
Congenital Birth Defects			Snoring		
Cystic Fibrosis			Speech Delay		
Developmental Disorder/Learning Problems			Spina Bifida		
Diabetes/Hyperglycemia/Hypoglycemia			Stroke		
Dizziness			Tuberculosis		
GERD or Acid Reflux			Vision Impairment		
Headaches/Migraines					

How frequently does your child have the following?

	Rarely	1-2Times/Day	3+ Times/Day	
Candy or other sweets				Product:
Chewing gum				Type:
Snacks between meals				Usual Snack:
Soft Drinks				Product:
How often does your child brush his/her teeth?				
How often does your child floss his/her teeth?				
What is the source of your drinking water at home?				
What is the primary concern about your child's oral health?				

Patient Name (Please Print) | Patient or Guardian Signature | Date

Riccobene Dentistry for Kids

Please help us know how you found us by circling one of the following:

Insurance Provider	Radio	Angie's List	Referring Practitioner
Online Search	Facebook/Twitter	Groupon	_____
Personal Referral	Drive By/Walk-in		
Vendor Expo	Coupon	Other_____	

_____	_____	_____
Patient Name (Please Print)	Patient or Guardian Signature	Date

Riccobene Dentistry for Kids

PRIMARY AND SECONDARY INSURANCE POLICY

Riccobene Associates Family Dentistry provides the courtesy to our patients of filing both primary and secondary insurance.

However, both ADA policy and state COB laws provide that when an insurance company accepts premiums from an employer and the secondary carrier, it should coordinate benefits with the primary carrier and pay its appropriate amount as follows:

1. The coverage from those plans should be coordinated such that the patient receives the maximum allowable benefit from each plan;

2. The aggregate benefit should be more than that offered by any of the plans individually, but not such that the patient receives more that the total charges for the dental services received.

Therefore, if there is overpayment on your claim from your secondary insurance, the additional funds will be returned to your secondary insurance company, and will not be refunded to the patient. This is required by the National Association of Dental Plans (NADP), and American Dental Association (ADA).

Determining Primary and Secondary Insurance for the Patient.

The plan covering the patient, other than as a dependent, is the primary plan. When both plans cover the patient as a dependent child, the plan of the parent whose birthday occurs first in a calendar year should be considered as primary. When a determination cannot be made in accordance with the above, the plan that has covered the patient for a longer time should be considered as primary. Riccobene Associates provides this information to help patients understand primary and secondary dental policy. Should you have additional questions we recommend for you to contact your dental insurance provider or review the American Dental Association website at www.ada.org.

By signing below, I understand that Riccobene Associates Family Dentistry follows ADA and state guidelines for primary and secondary insurance policies.

Patient Name (Please Print)	Patient or Guardian Signature	Date

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HIPAA ACKNOWLEDGMENT

I _____ (printed name) acknowledge I have been provided a reference copy of the HIPAA Notice of Privacy Policy and may request a copy of said policy.

Furthermore, I understand my personal health, insurance or other personal information collected by Riccobene Associates Family Dentistry will only be used as described in the aforementioned Notice of Privacy policy.

My signature at the bottom of this page indicates I have received, read, and understand that Riccobene Associates Family Dentistry has communicated, to me, my rights under HIPAA.

Patient Name (Please Print)	Patient or Guardian Signature	Date