

Dr. Simpson and his staff Welcome you to Buckeye Endodontics  
If you have brought a referral form, please turn it in with this paperwork.

**PATIENT INFORMATION:**

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

General Dentist \_\_\_\_\_ Who referred you to our office? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

IF THE PATIENT IS A **MINOR**- Who is the legal guardian/parent?

Name of Parent/guardian: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Phone # (\_\_\_\_) \_\_\_\_\_

Dental Insurance information: **(We may already have this on file, prior to your appointment)**

Insurance Company's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS or ID \_\_\_\_\_

**ON  
File**

**POLICIES OF BUCKEYE ENDODONTICS: PLEASE READ OVER POLICIES BELOW**

- **Appointments:** There is a **\$50.00 charge for a less than 24 hr notice of cancellation or rescheduling**. If you are more than 15 minutes late, we may have to reschedule you. If you reschedule or cancel with less than 24 hr notice multiple times or if you are late multiple times, we may have to dismiss you as a patient. If you bring a child to *your* appointment & they are unable to sit unattended in the waiting room, you could be asked to reschedule. **The patient is the sole person in the room during treatment**. Parents may come back during the evaluation to ask questions.
- **Privacy Policy:** Our privacy policy (HIPAA) is available at the check in desk. If you do not want any of your private information shared with a spouse or other relative please inform us in writing asap.
- **Financial: Co-pays are due at time of treatment.** The account balance whether the insurance denies coverage or not is the responsibility of the patient or parent/guardian. If a balance goes 30 days unpaid an interest charge will be added & after 60 days your account will be sent to pre-collections or collections. CareCredit.com is the only payment plan we offer. **You have to apply for CareCredit prior to your treatment appointment.**
- **EVALS ARE NOT ALWAYS COVERED, IF YOU HAD AN EVALUATION AT YOUR GENERAL DENTIST THE SAME YEAR, YOU MAY HAVE A BALANCE.**

\*By Signing below, I acknowledge that I have read the privacy policy, appointment policy and financial policy. I also agree to release my treatment information to my insurance companies, my general dentist and any relatives that may call to ask about my treatment at this office. I am aware Buckeye Endodontics will communicate with my general dentist by email or mail to inform them of any treatment I may have done today or in the future. I authorize my insurance company to pay Buckeye Endodontics any insurance benefits for treatment that I have done at this practice. I give my consent to have Buckeye Endodontics examine, x-ray and treat my Endodontic condition. We strive to keep all crowns intact during treatment. Sometimes the crown will have to be replaced due to unforeseen circumstances. I understand there are risks with having endodontic treatment through my crown, if one is present.

**SIGNATURE OF PATIENT** or the **GUARDIAN OF PATIENT** \_\_\_\_\_ Date \_\_\_\_\_

**\*\*PLEASE FILL OUT THE BACK OF THIS SHEET ALSO → → → → → → → →**