

# Dr. Simpson And His Staff Welcome You To Buckeye Endodontics

*If you brought a referral form, please turn it in with this paperwork.*

## Patient Information

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
(First & Last )

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

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

Who is your 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: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

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

**\*Dental Insurance information: – We will already have this on file, before your appointment.**

## Policies Of Buckeye Endodontics

### Please Read Our Policies Below

- **Appointments:** There is a \$50.00 fee for a less than 24 hr notice to cancel or reschedule. A canceled appointment for multiple teeth, or a Halcion appointment will be increased to a \$100 fee, all fees are due within 30 days. If you are more than 10 minutes late, we may have to reschedule you. Privacy Policy: Our privacy policy (HIPAA) is available at the check-in desk. If you do not want your private information shared with a relative, let the staff know.
- **The appointed patient** is the sole person in the room during treatment. There can no longer be anyone other than the appointed patient in the treatment room for safety and liability reasons. **Parents will attend their MINOR child's eval-only appointment to give time for questions regarding their child's upcoming treatment. Small children can not be left alone in the office.**
- **Financial:** Co-pays are due at time of treatment. We no longer take personal checks. We do work with CareCredit and take all major credit cards. **The account balance, if the insurance denies coverage or not is the responsibility of the patient or guardian. If a balance goes unpaid an interest charge of 25% could be added after 60 days.**
- **If you had an evaluation** at your general dentist in the last year and have dental insurance, you may owe for your evaluation at a specialty office, due to insurance frequency limitations.
- **By signing below**, I acknowledge that I have read the above policies. I am aware I will have to follow up with my general dentist 2-3 weeks after root canal treatment. I agree to release my treatment information to my insurance companies and my general dentist. I am aware Buckeye Endodontics will communicate with my general dentist to inform them of any treatment I may have done today or in the future. **I understand there are risks with having Endodontic treatment, and doing a root canal is an attempt to save my tooth. Experiencing post-operative discomfort is normal after root canal.**

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_