Michele L. Simpson DDS PA
3317 MASONBORO LOOP RD.
SUITE - 140
WILMINGTON, NC 28409
(910)791-7911
www.crownmysmile.com

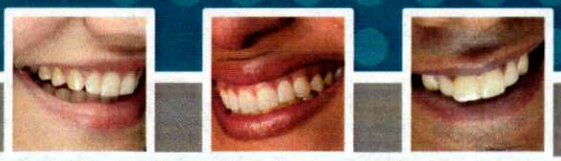

Chart #. _____
FOR OFFICE USE ONLY

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ (Preferred Name)

Title: _____ (Mr/Ms/Mrs/etc) Gender: ◯ Male ◯ Female Family Status: ◯ Married ◯ Single ◯ Child ◯ Other

Birth Date: _____ SS #. _____ Prev. Visit: _____

Email Address: _____ Best time to call: _____

Phone: _____ (Home) _____ (Work) _____ (Ext) _____ (Mobile) _____ (Fax) _____ (Other)

Address: _____ _____
_____ (City) _____ (State) _____ (Zip Code)

Drivers License Number:
_____

☐ I allow the dental office to email and send me text messages for confirming appointments

The following is for: ☐ the patient ☐ the person responsible for payment

Employer Name: _____ Phone: _____

Address: _____ _____
_____ (City) _____ (State) _____ (Zip Code)

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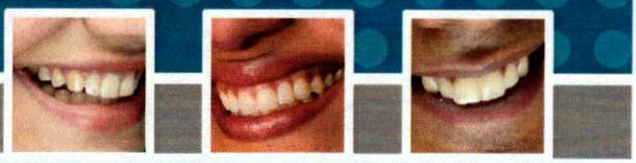

- [ ] *Pre-Med - Amox
- [ ] *Pre-Med - Clind
- [ ] *Pre-Med - Other
- [ ] Allergies
- [ ] Allergy - Aspirin
- [ ] Allergy - Codeine
- [ ] Allergy - Erythro
- [ ] Allergy - Hay Fever
- [ ] Allergy - Latex
- [ ] Allergy - Other
- [ ] Allergy - Penicillin
- [ ] Allergy - Sulfa
- [ ] Anemia
- [ ] Arthritis
- [ ] Artificial Joints
- [ ] Asthma
- [ ] Blood Disease
- [ ] Blood Thinner
- [ ] Cancer
- [ ] Diabetes
- [ ] Dizziness
- [ ] Epilepsy
- [ ] Excessive Bleeding
- [ ] Fainting
- [ ] Glaucoma
- [ ] Head Injuries
- [ ] Heart Disease
- [ ] Heart Murmur
- [ ] Hepatitis
- [ ] High Blood Pressure
- [ ] HIV
- [ ] Jaundice
- [ ] Kidney Disease
- [ ] Liver Disease
- [ ] Mental Disorders
- [ ] Nervous Disorders
- [ ] Other
- [ ] Pacemaker
- [ ] Pregnancy
- [ ] Radiation Treatment
- [ ] Respiratory Problems
- [ ] Rheumatic Fever
- [ ] Rheumatism
- [ ] Sinus Problems
- [ ] STD
- [ ] Stomach Problems
- [ ] Stroke
- [ ] Tuberculosis
- [ ] Tumors
- [ ] Ulcers

Other allergies or medical conditions not listed:

Do You take medication for osteoporosis or receive Reclast injections?

◯ Yes ◯ No

Please list the medications you are currently taking:

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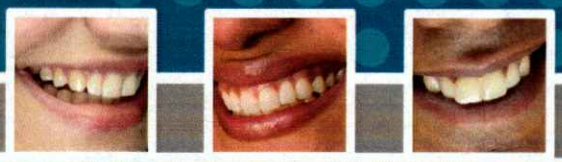

Are you sensitive to Epinephrine? (an ingredient present in some dental anesthetics)

◯ Yes ◯ No

Have you ever had any complications following dental treatment? Explain:

Have you been admitted to a hospital or needed emergency care during the past two years? If yes, please explain:

Name of Physician:

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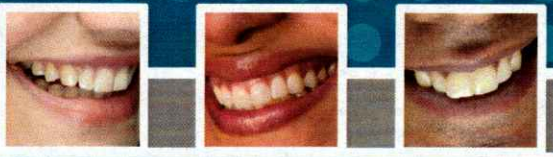

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ (Preferred Name)

I have reviewed a copy of this office's Notice of Privacy Practices

◯ Yes ◯ No

**Do we have permission to:**

Leave a message on your home phone.

◯ Yes ◯ No

Leave a message on your cell phone.

◯ Yes ◯ No

Leave a message at your place of employment.

◯ Yes ◯ No

Contact you by email.

◯ Yes ◯ No

Discuss your dental/medical condition with anyone other than yourself.

◯ Yes ◯ No

**If yes, please specify:**

Name and relationship:

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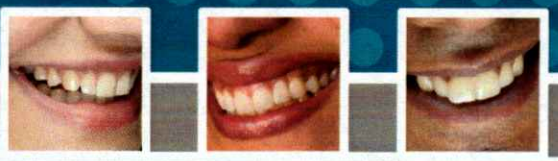

## Responsible Party If Other Than The Patient

Parent/Guardian

◯ Yes ◯ No

Other Person Responsible for Payment

◯ Yes ◯ No

Name:

Social Security #: Birthdate:

Phone-Home: Cell: Work: Ext:

Address:

## Referral Information

Whom may we thank for referring you to our practice?

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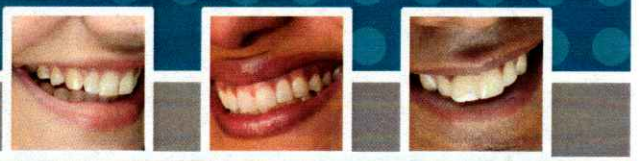

**Consent for Services**
**To Our Patients:**
**We welcome and appreciate the opportunity to provide for your familys dental needs. We do our best to provide you with superior care. Please review the following :**

**Financial Guidelines**
**We do a complimentary insurance benefit check for those patients who have dental insurance coverage. It is ultimately your responsibility to be aware of your own dental coverage and provide us with as much information as possible, in order to better assist you. We will accept assignment of benefits, paid directly to our office. We will estimate as closely as possible what portion your insurance will cover, but be aware that plans differ in coverage. We will collect estimated co-payments and deductibles on the day services are provided.**

**Patients without insurance are expected to pay in full the day services are provided, unless financial arrangements have been made prior to treatment. For your convenience we do offer information on financing from 3 months to 3 years.**

**Appointments**
**We make every effort to provide dental service in a timely manner. We understand that your time is valuable and want your visit to be as convenient as possible. We also ask for that in return, as we do require a 48 hour (2 business day) cancellation notice. We reserve the right to collect a broken appointment fee of $50.00 if deemed necessary.**

Insurance
At our office, we believe that you deserve the best in dental care. That is why we always present you with the best dental solution possible to treat your personal situation, regardless of what dental benefits you may or may not have. If you have dental insurance here are some important things you should know.
Dental benefits are most often based on a contract between your employer and the insurance company. If you have questions regarding your dental benefits please contact your employer or the insurance company directly.
Dental benefits differ greatly from medical benefits. In 1959, most dental benefits plans had a yearly maximum cap of $1000. You will be surprised to know today that the average dental benefit plan still has a yearly maximum cap of $1000. There has been no significant increase in yearly caps in 40 years. However, there have been significant increases in premiums. Dental benefit plans will never pay entirely for completion of dental care. It is only meant to assist you.

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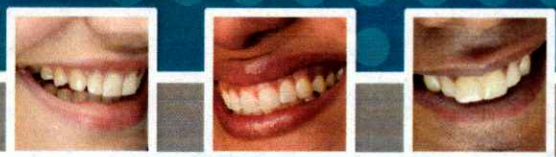

Many benefit plans tell their subscribers that they will be covered up to 80% or 100% but do not clearly specify the plan fee schedule allowance, annual maximums or limitations. It is more realistic to expect dental benefits to cover between 25%-60% of dental services.
Many subscribers receive notification from their insurance company that dental fees are above usual and customary . An insurance company determines their reimbursement level by surveying a geographical area, calculating the average fee, and determines that 80% of the average fee is customary. Included in the survey are discount clinics and managed care facilities, which have severely reduced dental fees that impact the average significantly. Any private practice Doctor will have fees defined by insurance companies as higher than usual and customary.

Insurance companies do not recognize many routine and newer dental services. Our team will gladly assist you in filling out the necessary forms to maximize your dental benefits and discuss your financial options. Excellent dental care is available with or without dental benefits.

Many plans try to confuse subscribers by giving In-network as opposed to Out of network benefits. After reviewing many plans, the benefits vary only slightly and in most plans there is no variation. Before deciding on a In-network provider, it is important to determine the level of treatment and patient care you will be receiving.

I have read the above conditions of treatment and payment and agree to their content.

Signature

Response Date: