DOWNTOWN PARKER DENTAL

DR. ROBERT M. DIGIORGIO, D.D.S., P.C.

PATIENT INFORMATION

Patient contact information

Address_____City_____State___ Zip code _____

Phone _____ Cell_____ DATE OF BIRTH: __/__/____

Email Address _____

EMERGENCY CONTACT INFORMATION

Contact name _____Phone_____Relationship to me_____

ALLERGIES PLEASE LIST:

_____ _____ _____ _____

MEDICAL CONDITIONS PLEASE LIST:

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

MEDICAL TREATMENT? _____

MEDICATIONS PLEASE LIST

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

DENTAL INSURANCE INFORMATION

Are you subscriber? ____ Subscriber name _____Birthdate_____

Your relationship _____Dental Insurance Company_____

Your dental ID #_____Group #_____

Employer Name_____

FINANCIAL AGREEMENT: ACCEPTED CONSENT: PRINT NAME_____

CONSENT SIGNATURE:_____

Robert M. DiGiorgio, D.D.S., P.C.
Master of the Academy of General Dentistry

17021 Lincoln Avenue Unit A
Parker, Colorado 80134
303-699-6100 (Office)
303-617-1363 (Fax)

Thank you for choosing us as your Dental Healthcare Provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete our information form before seeing the doctor.

PATIENT PORTIONS/DEDUCTIBLE IS DUE AT TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER AND CARECREDIT.

REGARDING INSURANCE

We may accept assignment of insurance benefits. We do require that you pay your portion and/or deductible at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us all your insurance information. YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT CONTRACT. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your dental insurance.

BILLING

At the beginning of every month, you will receive a statement if your insurance has paid, and you have a balance.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance's arbitrary determination of usual and customary rates.

ADULT PATIENTS

Adult patients are responsible for patient portions and deductible at time of service.

MINOR PATIENTS

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for patient portion and deductible. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, major credit card, or payment by cash or check at time of service has been verified.

MISSED APPOINTMENTS – AVOID CANCELLATION FEES – GIVE 24 HR NOTICE

Unless your appointment is cancelled 24 hours in advance a $75 fee will be charged to your account. Please keep in mind that we cannot refill your appointment time with no prior notice. Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy. I understand and agree with this Financial Policy.

PRINT NAME_____SIGNATURE_____DATE

Robert M. DiGiorgio, D.D.S.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowedgement*

I, _____, have received a copy of this office's Notice of Privacy Practices.

_____
Please Print Name

_____
Signature

_____
Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

_____

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