Forest Grove Dental Studio **Welcome to Our Practice!**

2031 Hawthorne St, Suite B
Forest Grove, OR 97116
503-359-4463

Welcome to Forest Grove Dental Studio, the office of Dr. Jonathan Faris and Dr. Geoffrey Faris, and **thank you** for choosing us as your local dentists. Three generations of dentists in this practice have served the Forest Grove community since 1963. We aim to provide quality, patient-centered care that exceeds your expectations. Please carefully read this new patient paperwork and the following policies.

Patient name ____Date of Birth: ____________________
Preferred name (if different):_________Gender (circle one): Male / Female SSN:____________________
Address: _________________________________City:_______________ State/ZIP:_________________
Mailing address (if different than above):____
Home phone #:______________Work Phone#:___________________Cell#:_______________________
Occupation:______________________ How did you hear about our office?________________________

Person responsible for account (if different than above)
Name________________________SSN:_______________________Date of Birth:__________________
Billing address:____
Home phone#______________Work phone#__________________Cell#__________________________

Primary Dental Insurance (if any)
Dental Insurance Company________________________ Member ID: ___________________________
Address:____
Group #____________________________________Are you the policy holder (circle one)? Y or N
If not the policy holder, who is? ______________________________Relation to patient:_____________
Policy Holder DOB _____________________ Policy Holder SSN _________________________
Secondary Dental Insurance (if any)
Dental Insurance Company________________________ Member ID: ___________________________
Address:____
Group #____________________________________Are you the policy holder (circle one)? Y or N
If not the policy holder, who is? ______________________________Relation to patient:_____________
Policy Holder DOB _____________________ Policy Holder SSN _________________________

Emergency Information
If there is an emergency, who should we contact?____
Relation:___________________________ Best phone number?:_______________________________

Office Policies:

- Please notify our office if you have a change in address, insurance, and/or phone number.

Appointments:

- We reserve a time slot especially for you when an appointment is made. When time permits, as a courtesy, we may call to confirm your appointment. However, it is the responsibility of the patient to **keep or cancel** the appointment whether or not we were able to make contact for confirmation.

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We kindly ask that you give us at least 48 business hours notice if you need to reschedule an appointment, so that we can offer the appointment time to another patient in need of dental care. Failure to cancel in time will result in a $50 fee per appointment. The cost of needlessly missed appointments and late notices is borne by us all — in overhead, in time and energy, and in other patients that could have been seen. **Thank you for helping us provide quality appointment time for our patients.**

We will be unable to reschedule an appointment if you have three (3) or more broken appointments.

Insurance:

- We work with most major dental insurance companies; however, your dental benefits plan may have limitations. Dental insurance is a contract between a dental insurance company and your employer (or yourself). Dental benefit plans often cover a percentage of some services, but not others. These plans also have an annual plan maximum, which means that beyond a certain dollar amount for the year, the dental insurance company will not offer any additional benefits, even if the procedure is important for your oral health. Because the insurance policy is an agreement between you (or your employer) and the insurance company, you are responsible for the full fee if your insurance company does not pay their estimated portion. Our office will do everything in our power to help you maximize your dental benefits, achieve maximum reimbursement, and receive the treatment you need and want. We will complete and submit dental insurance forms to the insurance company on your behalf.
- In most cases, your insurance company does not penalize you for going to an out-of-network dental office.
- The percentage of coverage by your insurance company may be based on the company's own reduced fee schedule for dental services and may be less than the actual charges. We have no control over this situation. Lower payment is a direct result of the plan selected by you or your employer.
- We are required by law to collect co-payment, and therefore cannot waive it.
- You are responsible for payment for any services applied to your deductible.
- You are responsible for payment of any amount over your annual maximum allowance, which includes dental services performed in this office, as well as any other offices.

Payment Policy:

- Payment in full is due when treatment is rendered. Any deductibles, co-payments, and fees for other ineligible or uncovered services are payable at time of service. We accept checks, cash, and most major credit cards. We offer a Senior Discount (60+) of 5% and a same-day cash/check discount of 5%.
- There will be a 1.0% service charge on any outstanding balances.
- Should legal action be instituted to enforce the payment of services rendered, the signer(s) agrees to pay court costs and/or reasonable attorney fees incurred by the holder in such action.
- There will be a $25.00 service charge on all returned checks.

Please inquire with our staff if you are uncertain about the subjects outlined above. Your signature will certify that you understand and will comply with these policies.

I certify that the above provided patient information is correct and I have read and fully understand and agree to abide by the above policies.

Patient's signature (or Legal Guardian if minor) ________________________ Date: ______________