

D.L. Parish, DDS, PC

Walnut Creek Business Park

10835 Dover ST, Suite 1200

Westminster, CO 80021

(303)425-6565

Date _____

Dear _____,

Welcome to our office. We would like to take this opportunity to provide some information that will insure a successful relationship. After carefully reading the information and policies established within this letter, **please initial each item and sign and date below.** This signed letter must accompany you to your first visit.

Medical History/Responsible Party Forms

Enclosed are the ADA Medical History and Patient Responsible Party forms. The forms must be completed by the responsible party and signed in the appropriate areas. All boxes on the Medical History form must be individually checked. Please bring the signed and completed forms with you to your initial visit. _____ (initial)

Payment/Insurance Policy

If you do not carry dental insurance, or we are unable to verify insurance coverage based on information you provide, you will be required to pay in full at the time of service. _____ (initial)

Insurance contracts exist solely between the patient and the carrier. It is the patient's responsibility to review their insurance plan and its coverage limitations. The dental office is not responsible for tracking insurance limitations and deductibles. _____ (initial)

If you have dental insurance, please bring your insurance card with you. While we will submit insurance claims on your behalf, **co-payments are the patient's responsibility and must be paid at the time of service.** Please be advised that the co-payment is merely an estimate of the amount you will be responsible for. You will be expected to pay for any charges not covered by your insurance policy. _____ (initial)

Pre-medication

If you have a history of heart murmur, a valvular defect, a prosthetic joint replacement within the last two years, recent major surgery, or any other physical ailment requiring pre-medication, you must take your prescribed medication before having any dental work done. Please check with your physician to see if any pre-medication is needed prior to your first appointment. _____ (initial)

X-rays

If you have bitewing x-rays less than 1 year old, or a full mouth series or panoramic film less than 5 years old, you should contact your previous dental office in advance of your first appointment and request a copy of the x-rays. Please allow sufficient time for duplication and transfer to occur prior to your initial appointment. _____ (initial)

Date of previous x-rays: Bitewing _____ Full Mouth _____

Cancellations

If you must cancel your appointment, please do so at least 48 hours before your scheduled appointment. _____ (initial)

Thank you for choosing our office for your dental services. If you have any questions regarding the enclosed, please do not hesitate to contact us at your earliest convenience.

Sincerely, **I have read and understand the above policies and instructions.**

Dural L. Parish, DDS

DLP/kp

Encl.

Patient Signature

Date