PATIENT INFORMATION

CONVERGENT DENTISTRY

Welcome to Convergent Dentistry. We appreciate the confidence you place with us to provide you with our dental services. We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- **ALL PATIENTS NEED TO COMPLETE OUR "PATIENT INFORMATION" FORM BEFORE SEEING THE DENTAL PROFESSIONAL.**
- **FULL PAYMENT IS DUE AT TIME OF SERVICE.**
- **WE ACCEPT CASH, CHECKS, AMERICAN EXPRESS, VISA, MASTER CARD, DISCOVER AND CARE CREDIT.**

Patient Last Name: _____ First: _____ Initial: _____

Date of Birth: _____ Sex: M F Age: _____ SS#: _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed Full Time Student? ☐ Yes ☐ No School: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Bus. Phone: _____

E-mail: _____ Employer: _____

Spouse's Name: _____ Spouse's Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Primary Dental Insurance: _____ Group #_____ Member #_____

Subscriber's Name: _____ Date of Birth: _____ SS#: _____

Secondary Dental Insurance: _____ Group #_____ Member #_____

Subscriber's Name: _____ Date of Birth: _____ SS#: _____

Name of Previous Dentist: _____ Date of Last Visit to Dentist: _____

How did you find us: _____ Medical Doctor:/Phone _____

INSURANCE

As a courtesy to our patients we can accept assignment of benefits payments from most insurance companies as an **out-of-network provider**, this may reduce your immediate out-of pocket expenditures. The patient portion of particular dental services is estimated and due at the time of service. This amount may be subject to adjustment when the dental services claims are adjudicated by the insurance company. In addition , certain insurance companies have annual limitations for the amount of dental services that can be reimbursed within each plan year. The patient is responsible for the full amount of dental services and the patient may not rely upon any information provided by Convergent Dentistry regarding insurance benefit coverage and payments.

MEDICARE

Section 1802 of the Social Security Act of 1997 and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, permits certain practitioners to out of Medicare and enter into private contracts with Medicare beneficiaries if specific requirements for doing so are met. Convergent Dentistry is not a Medicare provider; prescriptions written by Dr. Christopher C. Rooney, DDS, may still be covered by Medicare. Dental services may not be submitted to Medicare by Convergent Dentistry or by the patient for 2 years and a "Medicare Opt Out Affidavit" must be signed by the patient every two years.

☐ **Yes I participate in Medicare** ☐ **No I do not participate in Medicare**

PHOTOGRAPHY RELEASE

I hereby authorize Dr. Christopher C. Rooney to take photographs and or videos of my face, jaws, mouth and teeth. I understand that these will be used as a record of my care, and may be used for educational purposes, demonstrations, marketing, case presentations to new patients or in professional publications. I further understand that my name or other identifying information will be kept confidential.

I grant Dr. Christopher C. Rooney permission to use these images or videos on social media, web sites , printed or media advertising to promote Dr Rooney and Convergent Dentistry.

☐ **Yes** ☐ **No**

I grant Dr. Christopher C. Rooney permission to use these images or videos on social media, web sites , printed or media advertising to promote Dr. Rooney and Convergent Dentistry, **using my full name.**

☐ **Yes** ☐ **No**