Reno Family Dental

Jeffrey Meckfessel, DDS

Thank you for trusting us with your dental care. We promise to do our best to provide you with the finest and affordable care available.

PATIENT INFORMATION

Name _____Birthdate_____
Address_____City_____State_____Zip_____
Social Security #_____Driver's License#_____
Home Phone(_____)_____Cell Phone (___)_____Work Phone (____)_____
Email Address_____
Check Appropriate: ___Minor ___Single ___Married ___Divorced ___Widowed ___Separated

RESPONSIBLE PARTY

Person Responsible for this Account_____ Relationship to patient_____
Address_____Phone(___)_____
Driver's License #_____ Birthdate_____
Employer_____Work Phone(___)_____
Currently a Patient in our Office?___Yes___No

INSURANCE INFORMATION

Name of Insured_____ Relationship to patient_____
Birthdate_____Social Security #_____Date Employed_____
Employer_____Work Phone(___)_____
Insurance Company_____Group #_____

ADDITIONAL INSURANCE INFORMATION

Name of Insured_____ Relationship to patient_____
Birthdate_____Social Security #_____Date Employed_____
Employer_____Work Phone(___)_____
Insurance Company_____Group #_____

There will be a $50 fee for any missed appointment without 24 hour notice. Initial_____

Dental History_____

Reason for today's visit_____ Date of last dental visit_____

Former Dentist_____ Date of last dental x-rays_____

Address_____

Do you have any of the following conditions:

___Bad breath	___Grinding teeth	___Sensitivity to heat
___Bleeding gums	___Loose teeth or broken fillings	___Sensitivity to sweets
___Clicking or popping jaw	___Periodontal treatment	___Sensitivity when biting
___Food collection between teeth	___Sensitivity to cold	___Sores or growths in mouth

How frequently do you floss?_____How often do you brush?_____

Medical History_____

Physician's Name_____ Date of last visit_____

Have you ever taken any of the group of drugs collectively referred to a "fen-phen"? These include Lonimim, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) Redux (dexfenfluramine)___Yes ___No

Have you had any serious illnesses or operations? ___Yes ___No If yes, give approximate date_____

(Women) Are you pregnant? ___Yes ___No Nursing? ___Yes ___No Taking birth control pills?___Yes ___No

Check if you have had any of the following problems or conditions:

___Anemia	___Cortisone Treatments	___Hepatitis	___Scarlet Fever
___Arthritis, Rheumatism	___Cough, Persistent	___High Blood Pressure	___Short of Breath
___Artificial Heart Value	___Cough up Blood	___HIV/AIDS	___Skin Rash
___Artificial Joints	___Diabetes	___Jaw Pain	___Stroke
___Asthma	___Epilepsy	___Kidney Disease	___ Swollen Ankles
___Back Problems	___Fainting	___Liver Disease	___Thyroid
___Blood Disease	___Glaucoma	___Mitral Valve	___Tobacco Habit
___Cancer	___Headaches	___Pacemaker	___Tonsillitis
___Chemical Dependency	___Heart Murmur	___Radiation Treatment	___Tuberculosis
___Chemotherapy	___Heart Problems	___Respiratory Disease	___Ulcer
___Circulatory Problems	___Hemophilia	___Rheumatic Fever	___Venereal Dx

Medications:

List medications you are currently taking and the correlating Diagnosis_____

_____

_____

Allergies:

_____

_____

_____

_____ ***AUTHORIZATION AND***

RELEASE_____

I have read and answered the above questions to the best of my knowledge. I authorize and request my insurance company to pay directly to the doctor insurance benefits otherwise payable to me. I authorize the doctor release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of this signature of all insurance submissions.

Signature of patient or parent if minor Date

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Reno Family Dental

Dr. Jeffrey Meckfessel
5420 Kietzke Lane
Suite 208
Reno, NV 89511
775-853-4242

OFFICE POLICIES

Please Initial

_____I understand that Reno Family Dental calls to remind me of my appointment as a courtesy and that I will be billed $50.00 for all missed appointments without giving at least a 24 hour notice.

_____I understand that it is my responsibility to know and understand my insurance coverage and policy and agree to pay my co-payment at the time of service. I certify that the insurance presented today is in effect and that I am in good standing with them.

_____I understand that Reno Family Dental is not a party to contract between me and my insurance, and if for any reason this office is not reimbursed by my insurance, the balance will be my responsibility.

_____I understand that my insurance policy may not cover 100% of any or all services provided by Dr. Meckfessel and that I will be responsible for any balance due on my account.

_____I understand that if I am a cash paying patient, all fees and services are payable at the time of service.

_____I understand that it is my responsibility to inform this office of any changes in either my insurance or demographics in a timely manner.

_____I understand that if I am more than 10 minutes late to my scheduled appointment my appointment may have to be rescheduled.

_____I understand that if any personal checks I may write are returned for any reason I will be charged a $25 fee to cover any bank charges.

_____I understand that if my account is sent to collections an additional fee of 25% will be added on to cover the cost of the third party collection agency.

Reno Family Dental

"Providing quality dentistry you can afford!"

Jeffrey Meckfessel DDS

Privacy Practices Acknowledgment

Acknowledgement Form

I have received the Notice Of Privacy Practices and I have provided an opportunity to review it.

Name _____Birthdate_____

Signature_____

Date_____