

Simmons Dental Associates
5902 w 35th st.
Cicero, IL , 60804

Name (Nombre) _____

Date Of Birth (Fecha de nacimiento) _____

Address (Direccion) _____
Street City Zip

E-mail Address _____

Home Phone (telefono de casa) _____ - _____ Work # (# de trabajo) _____ - _____

Mobile # (telefono celular) _____ - _____

Employee SSN _____ Occupation _____
(Seguro Social del empleado) (ocupacion)

Insured Name _____ Ins. DOB _____
(Nombre de la persona de la aseguranza) (Fecha de nacimiento)

Employer _____ Address _____
(Nombre de la compania) (Direccion)

Name of dental INS (Nombre de seguro dental) _____

Secondary dental INS (Segundo seguro dental) _____

Health status (salud): Good (Bien), Fair (Regular), Poor (Mala)

Physicians Name _____ Telephone # _____ - _____
(Nombre de Medico) (Numero de telefono)

Date of last physical exam (Fecha de su ultimo examen fisico) _____

Pharmacy # (Numero de farmacia) _____

Allergies (Alergias) _____

Are you Pregnant? (esta embarazada?) _____

Are you nursing? (esta dando pecho) _____

What is your dental concern today? _____
(cual es la razon de visita al dentista hoy?)

When was your last dental visit? _____
(cuando fue la ultima vez que vio a un dentista)

DO YOU HAVE ANY OF THE FOLLOWING PROBLEMS? (PADECE USTED O A PADECIDO USTED ALGUNA VEZ DE CUALQUIERA DE LAS ENFERMEDADES O PROBLEMAS QUE SIGUEN?)

YES NO

- Heart trouble, attack, stroke** (enfermedad cardiovascular: Problemas con el Corazon, Ataque al Corazon, Insuficiencia coronaria, Occlusion coronaria, ataque de paralisis)
- High blood pressure, Hypertension** (presion alterial alta)
- Low blood pressure** (Presion alterial baja)
- Pain in Chest** (Dolor en el pecho o anginas)
- Swelling in ankles** (se le hinchan los tobillos)
- Mitral valve prolapse, Rheumatic fever, heart murmurs** (tiene usted defectos cardiacos, Congenitos incluyendo soplos cardiacos O enfermedad cardica reumatica)
- Artificial heart valve** (valvulas de Corazon averiadas O valvulas postizas del Corazon)
- Pacemaker** (Marcapasos cardiacos)
- Artificial joints** (articulaciones artificiales)
- Kidney trouble** (problemas con los rinones)
- Liver problems** (problemas O enfermedad del higado)
- Stomach or digestive problems or ulcers** (enfermedad del estomago O ulceras gastricas)
- Hepatitis or jaundice** (hepatitis)
- Arthritis** (artritis)
- Tuberculosis, Lung ailments** (tuberculosis O enfermedades del pulmon)
- Blood disorders or anemia** (problemas en la sangre O anemia)
- Diabetes** (diabetes)
- Asthma, Hay fever, Allergies** (asthma, fiebre del heno O alergias)
- Cancer** (cancer)
- Venereal disease** (Enfermedades contraidas por media del contacto sexual)
- Seizures, fainting spells, black outs** (ataques de combulsiones, desmallos, O perdida de razon)
- Aids or HIV positive** (sida O infeccion causada por el virus HTLV-III)
- Psychiatric problems** (Problemas con la salud mental)

ARE YOU ALLERGIC TO... (ES USTED ALERGICO A/ O A REACCIONADO ADVERSAMENTE A...)

YES NO

- Penicillin** (penicilina O otros antibioticos)
- Local anesthetics** (anesteticos locales)
- Sulfa drugs** (drogas O medicinas que contienen sulfa)
- Barbiturates, sedatives, tranquilizers, or sleeping pills** (barbituricos, sedativos, calmantes, O Pildoras para dormer)
- Aspirin** (aspirina)
- Iodine** (yodo)
- Codeine or other narcotics** (codeina O otros narcoticos)
- Any other medications** (otras medicinas)

Are you a smoker?

How much alcohol do you consume per week? _____

List all medications (lista de medicamentos que tome) _____

Signature (Firma) _____ **Date (Fecha)** _____

Signature of dentist (Firma del dentist) _____ **Date (Fecha)** _____

Simmons Dental Associates

Agreement to receive Electronic Communications

Patient Name: _____ DOB _____

I agree that Simmons Dental Associates may communicate with me by Email or Text Message.

I am responsible for providing the dental practice any updates to my email address or mobile number.

I can withdraw my consent to electronic communications by calling the office at (708)780-0440

Email Address (please print clearly)

_____ @ _____

Mobile Number

() _____ - _____

Patient/ Guardian Signature _____ **Date** _____

FINANCIAL POLICY

It is our intention to provide you with thorough and efficient dental care. In addition, we will endeavor to make your visit with us a pleasant and comfortable one. Please read the following so you understand our office financial policy.

PAYMENT CATEGORIES:

- A. SELF-PAY (NO INSURANCE) – Payment is due in full at the time of service by cash, Check, or credit/debit card.
- B. HMO INSURANCE – Your insurance contract requires co-payment in full At the time of service by cash, check, or credit/debit card.
- C. PPO AND STANDARD INSURANCE – As a courtesy to you, we will process your Insurance forms at no charge. Once payment is received from the insurance Company, your remaining balance is due in full within 30 days.

WE DO NOT DO PAYMENT PLANS, BUT WE DO ACCEPT VISA, MASTERCARD, AND DISCOVER, IN ADDITION TO CARE CREDIT. PLEASE DISCUSS YOUR PAYMENT OPTIONS WITH OUR STAFF.

THERE IS A \$25 SERVICE CHARGE FOR A CHECK RETURNED TO US FOR NON SUFFICIENT FUNDS (NSF).

Certain procedures require prepayment before appointments can be scheduled.

I understand that I am ultimately responsible financially for any services that are done on my behalf and that my insurance may not cover all of a procedure. In case of default of payment for any services completed, I agree to pay reasonable and just attorney fees incurred by Simmons Dental Associates in enforcing the collection of patient's accounts if payment is not forthcoming within a reasonable amount of time (30days). I understand and agree to the above financial agreements.

NAME

SIGNATURE

DATE

SIMMONS DENTAL ASSOCIATES

Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to Sign This Acknowledgement

I, _____, have received a copy of this office Notice of Privacy practices.

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

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (please specify)
