

Welcome Form

Patient Information

Patient's name: _____

Last Name

First Name

M.I.

Birth date: ____ / ____ / ____ (mm/dd/yy)

Social Security: ____ - ____ - ____

Male

Female

Single

Married

Divorced

Separate

Address: _____

Referred by: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency contact Name: _____ Emergency Contact Phone: _____

Insurance Information

Policy Holder: _____ Relationship to patient: _____

Birth date: ____ / ____ / ____ (mm/dd/yy)

Social Security: ____ - ____ - ____

Employed by: _____

How long held : _____

Work Phone : _____

Work address: _____

Insurance Name: _____ Group # _____ ID #: _____

Agreement

I hereby accept the doctor to treat and care for our family. I also accept the doctor's office declared the insurer or the medical staff about the status of my health and family. I sign below to agree Toto Dental to bill my insurance and insurance company paid directly to the dentist at this office. In the event my insurance company does not pay well enough all remuneration for doctors, I agree to pay the remaining amount.

Name: _____

Signature : _____ Date: _____

Acknowledgement of Receipt of Notice of Privacy Practices

-----You may refuse to sign this acknowledgement-----

I, _____, have received a copy of this office's notice of Privacy Practices.

Please print Name

Signature

Date

Questions and Complaints

If you want more information about our privacy practices, or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S Department of Health and Human Services. We will provide you with the address to file your complaint with the US Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.