



## **Welcome to our practice!**

Welcome to Wainright and Wassel DDS! We respect your time and would like to make your visit to our office as efficient as possible. Please review the following information regarding your dental care.

### **Hygiene Policy**

Appointments for adults (18 years and older) will consist of a full mouth series of x-rays and a comprehensive exam (full mouth probing, education, and examination by the doctor). If you have had x-rays within the past 3 years, please bring them with you. If you cannot obtain your x-rays, new ones will be taken. Your *estimated* appointment time is 90 minutes. You will be scheduled for a cleaning on your following visit. We cannot guarantee a cleaning on your initial visit because we do not know all patients' particular hygiene needs before their examination.

Pediatric patients (under 18) will consist of a panoramic x-ray, 4 bitewing x-rays, a cleaning, and a comprehensive exam by the dentist. Your *estimated* appointment time is 60 minutes.

### **Patient Responsibility**

We request that you **complete** all patient registration and health history forms. This may be done online and **submitted via email**. You may **print and bring these completed forms with you** at your first scheduled appointment. Alternatively, you can **mail them** back to us at 6837 Falls of Neuse Rd., Suite 100, Raleigh, North Carolina **27615**. It is your responsibility to have previous dental x-rays available at the time of your appointment. We reserve the right to take new x-rays if they could not be obtained, they are of poor quality, or they are over 3 years old.

### **Dental Insurance**

We will be happy to file your dental claim *as a courtesy to you* as long as you are able to provide us with **current** dental information as well as a copy of your insurance card. We will **NOT** be able to file your insurance without this information. Without your insurance information payment in full at the time of your appointment is your obligation. If you have secondary dental insurance you will be responsible for filing.

### **Payment Policy**

We expect payment at the time of your appointment for your portion of the services performed, deductibles, and co-insurance. When checking out from your appointment, we will give you your *estimated* insurance coverage. The outstanding balance will need to be paid at the time of service. Regardless of your insurance benefits, payment for services remains your personal responsibility. Patients filing their own insurance will be provided with a full-itemized statement for their specific insurance company. For your convenience we accept cash, check, Visa, MasterCard, Discover, American Express, and Care Credit (an interest free payment plan). Should you have any questions, please feel free to call our office.

### **Cancellation/Emergency Policy**

Please notify us as early as possible if you are unable to keep your appointment. *A fee of \$55 for a hygiene appointment or \$100 for a doctor appointment will be charged for any appointment broken with less than 48 hours notice.* We provide 24 hour emergency service for our patients. Please be advised that there is a \$195.00 fee for after-hour visits in addition to any services rendered.

Thank you for your support of these policies. We look forward to providing you with the highest standard of dental care.



**Permission for Diagnostic and Treatment Procedures**

I authorize Drs. Wainright, Wainright, and Wassel to perform diagnostic and treatment procedures, which in their judgment may become necessary while at the office of Wainright and Wassel DDS. If I require specialized and/or emergency care, I will be referred to the appropriate medical facility or professional. I understand that a person listed as my emergency contact will be notified if considered necessary by the professional staff of Wainright and Wassel DDS.

**Consent to the use and disclosure of health information  
for treatment, payment, and healthcare operations**

I further understand that as part of my healthcare, the office of Wainright and Wassel DDS originates and maintains health records describing my health history, symptoms, examinations and test results, diagnoses, treatment, and any plans for future care treatment. I understand that information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many health professionals who contribute to my care.
- A source of information for applying my diagnosis and information to my bill.
- A means by which a third party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a Notice of Health Information Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that Wainright and Wassel DDS reserves the right to change this notice and practices and prior to implementation will post a copy of the revised notice. I understand I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that Wainright and Wassel DDS is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that Wainright and Wassel DDS has already taken action in reliance thereon.

I fully understand and accept the terms of this consent.

Signature of patient or parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_