

Welcome To Northwest Dental!

Date _____

Patient Info

Name _____ Birthdate _____ Gender _____

Status (circle one) Minor Single Married SSN # _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Spouse _____ Spouse Phone _____

Emergency Contact _____ Phone _____ Relationship _____

How did you hear about us? _____

Primary Insurance: Please present your card(s) when completed so we may verify information.

Primary Subscriber Name _____ Birthdate _____ SS# _____

Employer _____ Identification # _____ Group Number _____

Ins. Company _____ Phone _____

Secondary Insurance: Please present your card(s) when completed so we may verify information.

Secondary Subscriber Name _____ Birthdate _____ SS# _____

Employer _____ Identification # _____ Group Number _____

Ins. Company _____ Phone _____

Please Note: Our office requires 24 hours notice for cancellations. **All appointments late, cancelled or missed without 24 hours notice will be subject to a \$40 fee not covered by insurance.** Multiple missed appointments may result in dismissal from practice.

Patient Dental Health History

Name of previous/referring dentist or office _____ Phone _____

Date of last exam _____ Date of last X-rays _____

Have you had dentures/partial dentures before? Yes No

If yes, how old are they? _____ Who made them? _____

I have read and understood all of the information stated on this form and acknowledge its accuracy.

Signature _____ Date _____

Patient Medical History

Patient Name _____ Date _____

Primary Care Doctor _____ Doctor's Phone _____ Last Exam _____

Do you see your doctor regularly/for regular check ups? Yes No
Have you been hospitalized for any surgical operation/serious illness within the last 5 years? Yes No

Please List Hospitalizations (include approximate dates):

Medications: Please list below or provide us with a list.

Do you use tobacco products? Yes No Type: Cigarettes Chew
Do you use controlled substances? Yes No
Do you take a blood thinner? Yes No
Do you take any Osteoporosis Medications? Yes No
Do you require antibiotic premedication prior to dental treatment? Yes No
Preferred Pharmacy: _____

Are you allergic to or have you had an adverse reaction to any of the following?

Local Anesthetics (Novocain) Sedatives Barbiturates
Antibiotics (i.e. Penicillin) Metals
Aspirin Latex/Rubber
Other: _____

Have you ever had any of the following (circle all that apply)?

Anemia Arthritis Artificial Joints
Asthma Cancer Stroke
Diabetes Dizziness/Fainting Tuberculosis
Excessive Bleeding Epilepsy HIV/AIDS
Head Injuries Heart Disease Pacemaker
Heart Murmur Hepatitis Respiratory Problems
High Blood Pressure Liver Disease Sinus Problems
Tumors Mental Disorders Rheumatism
Nervous Disorders Radiation Treatments Rheumatic Fever

Other: _____

Women Only:

Are you pregnant? Yes No
Are you nursing? Yes No
Are you taking oral contraceptives? Yes No

Northwest Dental

2710 Meridian Street Bellingham, WA 98225

200 Gilkey Road Burlington, WA 98233

5201 Evergreen Way Ste B Everett WA 98203

1090 SE Pioneer Way #102, Oak Harbor WA 98277

430 N West Ave #3 Arlington, WA 98223

(360) 676-1499 / (360) 757-4909 / (425) 259-2800 / (360) 639-8470 / (360) 474-0888

Written Financial Policy

Thank you for choosing Northwest Dental. Our primary mission is to deliver the best and most comprehensive dental and denture care available. An important part of that mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Northwest Dental requires full payment at the time of service. We offer financing through CareCredit and can assist you with the application process, but **we do not allow in-office monthly payments. If you have insurance we require your portion in full at the time of service.** We will do our best to calculate what your portion will be based on the information provided by your carrier. Your insurance benefits are an agreement between you and your insurance company. We are happy to bill your carrier as a courtesy; however, you are ultimately responsible to pay the account in the event that they do not cover their portion³.

Balances over 90 days (including insurance portion) will incur a 1% per month finance charge (12% per annum). Should you need financial assistance, please ask us to provide information regarding CareCredit to assist in your needs.

Payment Options;

You can choose from:

-Cash, Check, Visa, MasterCard, American Express, or Discover Card

-Care Credit: NO Interest¹ Payment Plans². Allows you to pay overtime with NO INTEREST¹ or convenient, low monthly payment plans². No annual fees or pre-payment penalties.

Senior Discounts: We offer a discount of \$25 per denture for new dentures. For dental work we offer a 5% discount for cash or check and a 3% discount for debit or credit cards. We do not offer a discount for Care Credit financing.

We require a payment equal to at least half of the total charge for dentures, partials crowns, and bridges due at the initial impression appointment. The balance is to be paid at the delivery date. Temporary partials must be paid in full at the time of impression.

Northwest Dental charges \$25 for returned checks. If you have any questions, please do not hesitate to ask. We are here to help you get the dental care you want or need.

I have read and understood all of the information on this page:

Patient Name

Patient, Parent, or Guardian Signature

Date

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval

³However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.