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The best patient-doctor relationships are maintained when there is a complete understanding of the treatment rendered and the fees charged. When endodontic treatment is complete, your tooth will require, for its protection, a permanent restoration or crown. That service is provided by your general dentist and is not included in our fee.

We appreciate your trust in us.

Last Name First Name Middle Name

Home Address

City  State  Zip

Home Phone  Work Phone

Cell Phone  Social Security #

Birth Date  E-mail Address

Name of General Dentist

Who should we thank for this referral?

Name of Person responsible for this account

My payment will be made by:  Cash  Check  Credit Card (American Express, Visa, MasterCard or Discover)

Do you have Dental Insurance?  Yes  No

Subscriber's Name  Relationship

Insurance Co.  Phone #

Insurance Address

Employer Name

Subscriber's Birth Date  Social Security #

Group No.  Insurance ID #

**OUR PAYMENT POLICY**

**PAYMENT IS DUE AS SERVICES ARE RENDERED.** We are a fee for service practice. As a courtesy, we will gladly file your **PRIMARY** insurance for any procedure rendered and your insurance may reimburse you. A service charge of 1.5% per month (18% annually) will be automatically added to all delinquent accounts past 30 days, from the date of service. All returned checks will incur a \$35.00 accounting fee charge. If it becomes necessary to refer your account to a collection agency / attorney, then you will be responsible for any additional cost / fees incurred in the process of collecting your outstanding balance.

**OUR INSURANCE POLICY**

Prior to your appointment day, we ask that you provide, to us, detailed insurance information. This will allow us to promptly and accurately file your claim, for you, on the day of your appointment. Our goal is to expedite and maximize your reimbursement. Also, please bring your insurance ID card to your appointment.

**Payment is due in full, upon completion of your treatment, regardless of your insurance coverage.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

## HEALTH QUESTIONNAIRE

DENTAL CARE IS PART OF YOUR OVERALL HEALTH. IN ORDER THAT WE MAY PROVIDE YOU WITH THE BEST POSSIBLE CARE, PLEASE COMPLETE THIS FORM AS THOROUGHLY AS POSSIBLE.

Have you had any of the following problems or conditions?

Rheumatic Fever  Yes  No

Polio  Yes  No

Jaundice  Yes  No

Heart Problems  Yes  No

If yes, what type

Diabetes  Yes  No

Thyroid Problems  Yes  No

Pregnant now?  Yes  No

Bleeding or Clotting Problems  Yes  No

Nephritis (kidney)  Yes  No

Surgery  Yes  No

If yes, what type

Blood Pressure Problems  Yes  No

If yes, what type

T.B.  Yes  No

Cancer  Yes  No

Sinus  Yes  No

Hepatitis  Yes  No

Epilepsy  Yes  No

Are you HIV positive?  Yes  No

If yes to any of the above, please explain

1. Are you on any daily medications? If yes, please list.

2. Do you have any drug allergies?

3. Are you taking any medication for your current Dental problem?

4. Have you ever had any problems with local Anesthetic?

5. Is there any other information we should have?

HIPAA (Health Insurance Portability & Accountability Act): I have received a copy of this office's Notice of Privacy Practices, Consent for Use and Disclosure of Health Information & Release Form.

Print Name

Date \_\_\_\_\_ Signature \_\_\_\_\_

## PATIENT'S ACKNOWLEDGEMENT OF FEE AGREEMENT

Tissura, Gregory and Shapiro, PC, also known as TGS Endodontics, specializes in endodontic treatment. We are a fee for service practice. We will gladly file your primary insurance as a courtesy to you, our patient. **You need to verify that the information you provide us is accurate and up to date so that we may maximize your insurance benefits in a timely manner. Incorrect information can lead to delayed or even to nonpayment of your claim by your insurance.**

Our payment policy is as follows:

- All **exams** are to be **paid in full at the time of treatment**. If applicable, your insurance will then be filed and requested that it be paid to you.
- All **other endodontic treatment** may be paid as follows:
  - You may **pay 100% of the total fee at the first appointment**
  - or**
  - You may **pay 50% of the total fee at the first appointment and the remaining balance upon completion of treatment**.
- Patients with insurance.
  - Should you choose to pay the total fee at the start of treatment, insurance will be filed requesting that it be made payable to you.
  - Should you choose to pay 50% of the total fee at the start of treatment, then insurance will be filed assigning any payment to TGS Endodontics. If we do not receive payment of the balance from your insurance by your appointment for completion, you will need to pay the balance at that appointment. We will then gladly refund you any insurance payment we receive which does not need to be applied to the balance.
  - Some insurances require treatment to be completed prior to filing your claim. In that case, you will need to pay the total fee before we file your claim. We will then request that the claim be paid to you.
- **For other methods of payment**, please go to Care Credit at 800-365-8295 or [www.carecredit.com](http://www.carecredit.com).

### Nonpayment of fees

- **If you do not pay the total fee at the time the services are rendered, you could be subject to additional fees, costs, and court costs of a collection agency and/or attorney should TGS Endodontics be forced to take such action.**

### Cancellation/No Show Policy

Your appointment is time reserved specifically for you. A broken appointment hurts three people - **another patient, you and me**. **Cancellation without 24 hour prior notice or failure to show for your scheduled appointment will result in your being charged a \$50 fee.**

I acknowledge that I have read and understand the above written paragraphs.

Date \_\_\_\_\_ Signature \_\_\_\_\_

HIPAA Compliant