Welcome to Yummy Dental & Orthodontics for Kids!

It is going to be our pleasure to serve you. We want you to know that you have come to the right place. There is nothing more important to us than providing world-class pediatric dental care.

We know there are other pediatric dental practices, so we want to sincerely thank you for choosing Yummy Dental. We are eager to start building a trusting bond with you and your family.

To help us get to know you, thank you in advance for taking a few minutes to fill out this form as completely as you can.

Patient Information

Patient's Name_____ _____
Last Name First Name Middle Initial

Preferred Name _____ Sex: F M Age_____ Birth date_____
M/D/YY

Address_____

City_____ State_____ Zip_____ Home Phone_____

Cell Phone_____ Email_____

School_____Grade_____Hobbies/Sports_____

How did you hear about our office? _____
Example: Friend's name – Doctor's name – Google – Yelp – Facebook – Drive by – School -

Responsible Party

Name_____
Last Name First Name Middle Initial

Relation to Patient_____ Birth date_____ Email _____

Home Phone_____ Business Phone_____ Cell Phone_____

Insurance Information

Person Responsible for Payment_____
Last Name First Name Middle Initial

Relation to Patient_____ Birth date_____ Soc. Sec. #_____

Address _____ City _____ State _____ Zip_____
If different from patient
Home Phone_____ Cell Phone _____ Email _____

Employer_____ Occupation_____

Dental Insurance Company _____ Phone_____

Insurance Address_____

Subscriber I.D. #_____ Group #_____

In my absence, I give permission to: _____to accompany my child and consent for any needed treatment.
Relationship to patient: _____

Dental History

Former Dentist_____ Address_____ Phone _____

Date of last dental care_____ Date of last x-rays_____

What is the reason for your visit today? _____

What was done at your last dental visit? _____

Does/Is your Child:

❍Yes ❍No Brush? How Often? _____
❍Yes ❍No Floss? How Often? _____
❍Yes ❍No Experience pain or discomfort in the jaw joint (TMJ Pain)?
❍Yes ❍No Grind/Clench Teeth? If so, please circle answer
❍Yes ❍No Has the patient ever experienced a mouth or chin injury?
❍Yes ❍No Have speech problems?
❍Yes ❍No Use a pacifier, suck thumb/finger/lip, and/or bite lip? If so, please circle answer
❍Yes ❍No Bite or chew nails?
❍Yes ❍No Gag easily?
❍Yes ❍No Breastfed? Age Discontinued_____
❍Yes ❍No Bottlefed? Age Discontinued_____
❍Yes ❍No Require Antibiotics for dental work?
❍Yes ❍No Need dental work completed (referred from another dentist or you feel they do)
❍Yes ❍No Presently in dental pain? _____
❍Yes ❍No Have any other habits not listed above? If yes, please specify _____
❍Yes ❍No Ever experienced an adverse reaction during or in conjunction with a medical or dental procedure?
Explain: _____

Other information about the patient's dental health or previous treatment: _____
_____

Medical History

Patient's Physician_____ Phone_____ Date of last visit _____

Please check any conditions that may apply to your child & circle exact answer

❍AIDS/HIV Positive
❍Anemia
❍Asthma
❍Atopic (allergy prone)
❍Attention Deficit
❍Autism
❍Blood Disease
❍Cancer
❍Cerebral Palsy
❍Chicken Pox
❍Cough, persistent
❍Diabetes
❍Down Syndrome
❍Epilepsy/Seizures
❍Fainting
❍Food Allergies_____
_____
_____
_____
_____
_____
❍Headaches
❍Hearing Impairment
❍Heart problems
❍Hemophilia/Abnormal bleeding
❍Kidney disease or malfunction
❍ Liver Disease
❍Respiratory disease
❍ Sensory Integration Disorder
❍Sinus problems
❍Skin rash
❍Thyroid disease
❍ Tonsillitis
❍ Tuberculosis
❍Other Describe:
_____
_____
_____

❍Yes ❍No Current medications & dosages taken: _____
❍Yes ❍No Has the patient had any serious illnesses or operations? If yes, describe _____
_____
❍Yes ❍No Is the patient currently under physician care? If yes, describe _____
_____
❍Yes ❍No Has the patient ever had a blood transfusion? If yes, approximate dates: _____
❍Yes ❍No Allergies or adverse reactions to any medications (e.g. penicillin/sulfas)? _____
_____
❍Yes ❍No Allergies to any substances (e.g. latex) _____
❍Yes ❍No Has your child had any abnormal bleeding associated with previous extractions, surgery or trauma? If yes, please explain _____

Our Contract With You

We are committed to providing exceptional care for your child. All we ask for in return is that you pay for the services that we provide, and do not miss appointments without letting us know.

Financial Policy

We are a fee for service office. **You will pay for all services you receive at the time of the visit**. We gladly accept **VISA, MASTERCARD, AMERICAN EXPRESS, Care Credit®, and CASH**. We **DO NOT accept** Checks or Discover as a form of payment.

Insurance

A PPO dental insurance is one which allows you to choose your child's dentist. Like most pediatric dental practices, we are not in network with insurance companies, with the exception of Delta Dental Premiere. As a courtesy to our patients we will electronically file dental claims on your behalf for payment to be mailed to you. In order for us to submit claims on your behalf, it is necessary that all of the insurance information is fully completed. Due to the thousands of insurance plans, it is impossible for us to know all the details of each individual plan. It is your responsibility to know the details of your plan in order for us to help maximize your benefits.

Cancellation Policy

Our entire team understands how valuable your time is. We are committed to do everything we can so that we make good use of it. Many people do not know that there is actually a fair amount involved in determining the best appointment time for our patients. There are many factors we consider. Age, nap times, and anxiety levels are among the primary factors we consider. As a result, it is ideal you do not change or cancel appointments unless absolutely necessary. If you must cancel an appointment, we will be happy to help you find another one. All that we ask is that you provide us with at least 48 hours of advance notice. The reason why we ask for the 48 hours notice is so that we can schedule other patients that are on our waiting list. If you do not come to your scheduled dental appointment or do not provide 48 hours notice to reschedule or cancel, you will pay a $50 cancellation fee.

Yummy Dental Notice of Privacy Practices

Yummy Dental is required, by law, to maintain the privacy and confidentiality of our patients' protected health information. We take this duty very seriously. We are also bound by law to provide our patients with notice of our legal duties and privacy practices with respect to their protected health information. That is part of the purpose of this notice.

Disclosure of Patient Health Care Information

- In connection with treatment, we may disclose patient health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.
- We may disclose patient health information to insurance providers for the purpose of payment or health care operations.
- We may disclose patient health information as necessary to comply with State Workers' Compensation Laws.
- We may disclose patient health information to notify or assist in notifying a family member, or another person responsible for patient care about patient medical condition or in the event of an emergency.
- As required by law, we may disclose patient health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
- We may disclose patient health information in the course of any administrative or judicial proceeding.
- We may disclose patient health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.
- We may disclose patient health information to coroners or medical examiners.
- We may disclose patient health information to organizations involved in procuring, banking, or transplanting organs and tissues.
- We may disclose patient health information to researchers conducting research that has been approved by an Institutional Review Board.
- It may be necessary to disclose patient health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.
- We may disclose patient health information for military, national security, prisoner and government benefits purposes. In the event that Yummy Dental is sold or merged with another organization, patient health information/record will become the property of the new owner.

Patient Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your or your child's patient health information. Please be advised, however, that Yummy Dental is not required to agree to the restriction that you requested.
- You have the right to have your or your child's health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon request.

- You have the right to inspect and copy your or your child's patient health information.
- You have a right to request that Yummy Dental amend your or your child's protected health information. Please be advised, however, that Yummy Dental is not required to agree to amend patient protected health information. If your request to amend patient health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your or your child's protected health information made by Yummy Dental.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- Yummy Dental reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Yummy Dental is required by law to comply with this Notice.
- If you have questions about any part of this notice or if you want more information about patient privacy rights, please contact: Dr. Grace Yum by calling this office at 773-281-8100. If Dr. Yum is not available, you may make an appointment for a personal conference in person or by telephone.
- If you wish, you may submit a formal complaint to:

  DHHS
  Office of Civil Rights
  200 Independence Avenue, S.W.
  Room 509F
  HHH Building
  Washington, DC 20201

Thank you for reading this notice.

Your Acknowledgement

I have received and reviewed the information on this questionnaire, the Yummy Dental financial contract, and the Yummy Dental Notice of Privacy Practices.

The answers on the health questionnaire are accurate to the best of my knowledge. I understand that this information will be used by Yummy Dental to help determine appropriate and healthful dental treatment. If there is any change in the patient's medical status, I will promptly inform Yummy Dental. I authorize Yummy Dental to release all information necessary to the insurance company to ensure I receive my dental benefits.

As for the contract above, I agree to abide by its terms, and **I will pay for all services when my child (or I) receives the services**. Otherwise, I will pay any interest accrued, collection agency fees, court costs and attorney's fees.

Signature of person responsible for payment _____

Name (Printed) _____ Date: _____