

Welcome to Yummy Dental & Orthodontics!

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 dental care.

We know there are other 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

Social Security Number _____

Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Wok Phone _____ Cell Phone _____

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

Emergency Contact

Name _____
Last Name First Name Middle Initial

Relation to Patient _____ Email _____

Home Phone _____ Work 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 # _____

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? _____

Do you/Have you:

- 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 Ever experienced a mouth or chin injury?
- Yes No Have speech problems?
- Yes No Snore or have sleep apnea?
- Yes No Bite or chew nails?
- Yes No Gag easily?
- Yes No Smoke? If yes, how much? _____
- Yes No Have sensitivity to Hot? _____ Cold? _____ Sweets? _____ Chewing? _____
- Yes No Have receding gums? _____ Sore gums? _____ Bleeding Gums? _____
- Yes No Frequent cold sores/canker sores? _____
- Yes No Require Antibiotics for dental work?
- Yes No Need dental work completed?
- Yes No Have 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 your dental health or previous treatment: _____

Do you take oral contraceptives? _____ Are you pregnant? _____
If yes, how many weeks? _____ Are you nursing? _____

Medical History

Physician _____ Phone _____ Date of last visit _____

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

- | | | | |
|---|---|---|---|
| <input type="radio"/> AIDS/HIV Positive | <input type="radio"/> Congenital Heart Defect | <input type="radio"/> Hemophilia/Abnormal Bleeding | <input type="radio"/> Thyroid Disease |
| <input type="radio"/> Anemia | <input type="radio"/> Cough, persistent | <input type="radio"/> Hepatitis _____ | <input type="radio"/> Tonsillitis |
| <input type="radio"/> Arthritis/Gout | <input type="radio"/> Diabetes | <input type="radio"/> High Blood Pressure | <input type="radio"/> Tuberculosis |
| <input type="radio"/> Artificial Joints | <input type="radio"/> Emphysema | <input type="radio"/> Kidney disease or malfunction | <input type="radio"/> Ulcers |
| <input type="radio"/> Asthma | <input type="radio"/> Epilepsy/Seizures | <input type="radio"/> Liver Disease | <input type="radio"/> Other, Describe _____ |
| <input type="radio"/> Atopic(allergy prone) | <input type="radio"/> Fainting | <input type="radio"/> Respiratory disease | _____ |
| <input type="radio"/> Blood Disease | <input type="radio"/> Headaches | <input type="radio"/> Sinus Problems | _____ |
| <input type="radio"/> Cancer | <input type="radio"/> Hearing Impairment | <input type="radio"/> Skin Rash | _____ |
| <input type="radio"/> Colitis | <input type="radio"/> Heart Disease/Pace Make | <input type="radio"/> Stroke | _____ |

Yes No Current medications & dosages taken: _____
 Yes No Are you currently taking any supplements, vitamins, etc.? _____
 Yes No Have you had any serious illnesses or operations? If yes, describe _____

Yes No Are you currently under physician care? If yes, describe _____

Yes No Have you ever had a blood transfusion? If yes, approximate dates: _____

Yes No Food Allergies: _____

Yes No Allergies or adverse reactions to any medications (e.g. penicillin/sulfas) _____

Yes No Allergies to any substances (e.g. latex) _____

How would you describe your general medical health? Please check one: Excellent? _____ Good? _____ Fair? _____ Poor? _____

Our Contract With You

We are committed to providing exceptional care for you and your family. 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 dentist. Like most 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. 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 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 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 patient health information.

- You have a right to request that Yummy Dental amend your 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 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 I receive 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: _____