

Simply Smiles Dental - Portland

At Simply Smiles Dental, we are delighted that you have chosen our office to care for your dental needs. We appreciate the trust you have placed in us and we assure you of our commitment to provide you with gentle modern techniques in your dental care. We provide a full range of preventative, cosmetic, and restorative treatments to meet your individual dental health goals. Your safety is very important to us and we adhere to strict sterilization practices.

We have enclosed a patient information form that you may complete at your convenience. Please bring it with you to your appointment. If you have dental insurance, bring a copy of your I.D. card with you to your appointment also.

We believe prevention is the best practice to maintain your long-term oral health. We schedule hour long cleaning appointments with a Registered Dental Hygienist and a comprehensive exam with Dr. Beadnell. We will pre-plan and prepare for your visit and we expect you to do the same. Your appointment time has been reserved exclusively for you. When time is lost due to last minute cancellation and/or no shows, other patients in need of treatment cannot be seen and your treatment is delayed.

*******Should any scheduling changes occur we require at least 48 business hours notice to avoid a \$50.00 per half hour cancellation fee. *******

We consider all appointments confirmed when they are made with our staff. As a courtesy, we make every effort to remind patients by telephone or email prior to their appointment but please do not depend on this courtesy. If we are unable to speak with you directly, your appointment card will serve as your confirmation and implies your obligation to be present at that prearranged date and time. We recognize the value of your time, and except in emergency situations, you can expect us to be on time for you.

It is the policy of our office that payment is due at the time service is rendered. We do ask that you advise us in advance should you like to make a financial arrangement with our office manager. As a courtesy, we assist you by processing your insurance claims. Your portion is due at the time the service is rendered. All past due accounts will incur a 1.5% monthly interest fee. We do our best to help you with any questions regarding your insurance; however, as individual plans vary in terms of coverage and restrictions we do urge you to become knowledgeable about your particular plan. It is important to understand that your dental insurance is a contract between you and your insurance company and you are ultimately responsible for your bill.

For your protection our office is compliant with the Federal HIPAA guidelines designed to safeguard your privacy by limiting the disclosure of protected health information only when necessary to carry out treatment, payment activities, and healthcare operations. We have the HIPAA privacy information on our website and encourage you to visit it to view the policies. Please sign below to acknowledge the receipt of the Notice of Privacy Practices and Consent for Use of and Disclosure of Health Information in compliance with these practices.

We strive to create a pleasant environment where you and your family members will feel welcomed, relaxed, and well cared for as your personal dental goals are reached. We welcome your questions. Please let us know if there is anything we can do to better assist you.

I have received a copy of the policies for the office of Dr. Melissa Beadnell including the Notice of Privacy Practices and I give consent for Use and Disclosure of Health Information compliant with the HIPAA guidelines.

Name (printed): _____ Date: _____

Signature: _____ Relationship (for minor) _____