

WELCOME TO PINOLE ENDODONTICS, a dental practice dedicated exclusively to endodontic care.

Our entire staff is dedicated to provide the highest standard of professional care in a friendly, comfortable environment. The facility utilizes state of the art equipment including surgical operating microscope, digital radiography and endoscope.

Since policies regarding appointments and payments of fees vary from one office to another, we ask you to take a few minutes to read over our office policies to avoid any misunderstandings. We hope that the information provided here answers many of your questions about our office. If you would like additional information, please do not hesitate to direct your questions to our office manager or our receptionist.

SCHEDULING

We will schedule your appointment as promptly as possible. If you are in pain or have an emergency situation, every attempt will be made to see you that same day. As we strive to work with you, we require a minimum of 24 hours notice on any cancellation of appointments to allow other patients, who are in need of care, to be scheduled. If you fail to show up for your appointment or fail to give us 24 hours notice, there will be an additional charge.

We try our best to stay on schedule to minimize your waiting, as we recognize that your time is valuable. Due to the fact that Pinole Endodontics provides surgical services, various circumstances may lengthen the time allocated for a procedure. Emergency cases can also arise and may cause delays. We appreciate your understanding and patience.

X-RAY

Our office is equipped with advanced digital radiography system, which is 90% less radiation than conventional films.

The x-rays that your dentist provides, adds helpful information to your initial consultation, but they are not required. We will take our own x-rays from different angles during your exam for legal and diagnostic purposes, there is no additional fee; they are part of your consultation.

FINANCIAL POLICY

At Pinole Endodontics we deliver the highest quality care in a safe and comfortable environment. Our fees are fair and reflects the specialist care and expertise with which we treat our patients. We ask for payment in full at the time service is rendered. If you have dental insurance we will assist you in submitting your claim and depending on your coverage, we may ask for partial payment of the full fee at time service is rendered.

- Payment options:**
1. Cash: This includes personal checks, cashiers and travelers checks and money order
 2. Bankcard: We accept Visa, MasterCard and Discover
 3. Financing upon approved credit. (CareCredit)

INSURANCE ASSIGNMENT RELEASE

My signature on this form constitutes “Signature on File”. This gives Pinole Endodontics the authority to submit my insurance forms for me, without my signature. I also authorize any release of information including diagnosis and records of any treatment rendered to me during the period of such dental care to the third party payers and/or health practioners.

I authorize and hereby request my insurance company to direct payments to Pinole Endodontics.

RECEIPT OF DENTAL MATERIALS FACT SHEET

As required by the Dental Board of California, we have to inform our patients of the most frequently used restorative dental materials. Information on this Fact Sheet is intended to encourage discussion between patient and dentist regarding the selection of dental materials best suited for patients dental needs. It is not a complete guide to dental materials science (We will provide a copy of the Dental Materials Fact Sheet, at your appointment, for you to take home).

RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it. (We will provide a copy of the Notice of Privacy Practices, at your appointment, for you to take home).

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Purpose of Consent: By signing this form you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

It is our top priority to keep our patients informed of their choices and obligations. We appreciate having you as a patient in our practice. Please do not hesitate to ask any questions you have about our services and office policies. In return for your understanding and cooperation with our office policies, we pledge to provide you with the very best endodontic care¹.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE SAME.

Printed Name

Signature

Date

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