



PATIENT INFORMATION: (CONFIDENTIAL)

Full Name Last First What would you like us to call you? Sex: () M () F
Street Address City State Zip
Birthdate Social Security # Drivers License #:
Home Phone Work phone Mobile
Employer Name (Patient/Parent's) Employer's Address
Main reason for your visit today?
Email
How did you find our practice? () Mailer () Google () Location/Drive by () Website () Yelp () Facebook
() Other: please specify

Previous Dentist Date of last visit
To help us make your visit more comfortable, please let us know the following about your previous dental visits:
What you liked most What you liked least

Please rate your smile: 1 2 3 4 5 6 7 8 9 10
(1 = worst, 10 = best)
Please rate the color of your teeth: 1 2 3 4 5 6 7 8 9 10
(1 = worst, 10 = best)

What do you value most in a dental office?

<input type="checkbox"/>	Cosmetic – You most value how your teeth look.
<input type="checkbox"/>	Function – You most value an ability to enjoy your favorite food and drinks.
<input type="checkbox"/>	Comfort – You most value NOT being in pain or having tooth or gum sensitivities.
<input type="checkbox"/>	Longevity – You most value the ability to have your natural teeth forever.

What is the most important objection or obstacle you have to visiting a dentist?

<input type="checkbox"/>	No objections or obstacles – I come faithfully every 6 months and value my dental health.
<input type="checkbox"/>	Fear – I have a fear of pain, noises, environment and/or past experiences.
<input type="checkbox"/>	Time – I have a tight & busy schedule. I value convenient times.
<input type="checkbox"/>	Have NOT had a sense of urgency – Nothing really hurts or I am able to live with pain.
<input type="checkbox"/>	No trust – I did not feel the treatment made sense.

YES NO PATIENT DENTAL HISTORY

<input type="checkbox"/>	<input type="checkbox"/>	Do your gums bleed when you brush?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in any of your teeth?
<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in straight teeth in only 6 months?
<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in whiter teeth in 2 hours?
<input type="checkbox"/>	<input type="checkbox"/>	Do you grind your teeth at night? Do you have joint / jaw pain?
<input type="checkbox"/>	<input type="checkbox"/>	Do you snore or gasp for air at night when you sleep? Are you tired all the time?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used a CPAP machine for sleep apnea?
<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in replacing silver fillings with tooth colored ones?

By checking here () and signing below, I authorize Circle C Dental to release any information including diagnosis and the records of any treatment or examination rendered to me or my child to third party payors and/or health practitioners. I agree to be responsible for payment of all services rendered on my behalf or for my dependents.

Name of person signing if patient is a minor

Relationship to patient

Patient/Guardian Signature

Date



9600 Escarpment Blvd Ste 770 · Austin, TX 78749 · 512-301-BITE (2483)

Patient Name _____ Last _____ First _____ Birthdate _____

NOTICE OF PRIVACY PRACTICES

OUR LEGAL DUTY:

Our office is required by law to maintain the privacy of your health information, to give you notice about how we do this and what your rights are.

HOW WE USE YOUR HEALTH INFORMATION:

We use your health information for treatment, payment and healthcare operations.

This means- We may discuss your health information with another doctor or healthcare worker involved in your treatment. We may use this information to obtain payment for your treatment from third parties such as insurance companies. We may also use this information for our internal operations such as training and quality assessment and to contact you about appointments using phone, mail or email.

You have the right to decide who else, by specific signed authorization, has access to your health information such as family members, employers, marketing companies or other entities not directly related to our office or your treatment.

We must disclose your health information when required to do so by law or if we believe your health or safety or the health or safety of other is threatened.

YOUR RIGHTS:

You may request, in writing, a copy of your health information. We may charge a reasonable fee for this service. Upon request, a more detailed and lengthy explanation of our policies is available.

Questions and Complaints-If you have any issues concerning the privacy of your health information, you may direct your complaints to the contact person listed below. You may also submit a written complaint to the US Dept. of Health and Human Services.

Contact Officer:
Tuan Pham, DDS
512-301-BITE (2483)
Email: contact@circledental.com
9600 Escarpment Blvd Ste 770,
Austin, TX 78749

Thank you for helping our office comply with federal law on health information privacy policies.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's notice of privacy practices.

If Parent/Guardian, relationship to patient: _____

Signature _____ Date _____

For office use only: We attempted to obtain written acknowledgement of our Notice Of Privacy Practices but could not because -
() Individual refused to sign () communication barriers existed () an emergency situation () other reason _____



If we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You should be familiar with your insurance benefits, as we will collect from you the ESTIMATED amount insurance is not expected to pay. We will contact your insurance provider to obtain the most accurate and recent information; eligibility and benefits provided by your insurance are only ESTIMATES and exact coverage and payment cannot be determined until after your claim has been filed and processed. By law your insurance company is required to pay each claim within 30 days of receipt. We file all insurance electronically, so your insurance company will receive each claim within a business day of treatment. **You are responsible for any balance on your account whether insurance has paid or not.**

PLEASE UNDERSTAND that we file dental insurance as a courtesy to you. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment. We at no time guarantee what your insurance will or will not do with each claim.

Please keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment.

->> As a courtesy, we will file your insurance for you and allow 30 days for insurance payment on your account. On the day of service we will collect your approximate co-pay for the services rendered. Any balance left on the account after insurance payment is received is the responsibility of the patient or financial guarantor and you will receive a bill for any remaining balance. To keep your account in good standing, please remit payment within 30 days of statement date.

->> Once the insurance company has made payment on all outstanding claims for all members on the account and there is a credit remaining on the account, it can be refunded to you upon your request or you may choose to leave it on the account for any future treatment.

->> A missed appointment or late cancellation (less than 48 hour notice) **WILL** result in a cancellation fee.

->> **We understand that unforeseeable events may occur and require rescheduling of your appointment. If you opt in for text notification, our appointment confirmation system will give you 2 week's notice for your appointment.**

->> **Appointments cancelled with less than 48 hour notice will incur the following: a \$45 charge to your account for a missed hygiene (cleaning) appointment or a charge of \$100 for a missed appointment with Dr. Pham.**

By signing this form, I acknowledge that I have read Circle C Dental's policy regarding dental insurance and have been given the opportunity to ask questions. I also understand that I or my guarantor will be ultimately financially responsible for any balances on my account.

Signature _____ Date _____

CIRCLE C DENTAL



Dr. Tuan Pham grew up in Houston, Texas and is eager to provide you with the comfortable, quality dentistry that you deserve. He is on his 10th+ year of being a dentist and now not only practices daily, but teaches other dentists around the world!

After graduating with honors from the University of Texas at Austin, Dr. Pham earned his D.D.S. degree at the top dental program in the nation. He graduated from the University of Texas Health Science Center at San Antonio Dental School with both High Honors and Research Honors. Dr. Pham's work was featured on the cover of *Compendium*, one of the most respected dental journals.

In his spare time, Dr. Pham enjoys Texas football and outdoor activities, especially fly fishing. Dr. Pham looks forward to meeting you and your family!



Heather is our dental hygienist. She obtained her bachelor's degree at Stephen F. Austin State University in East Texas and studied Dental Hygiene at Austin Community College in Austin.

She has loved living here for six years and calls South Austin home. Heather is a member of American Dental Hygiene Association and is passionate about patient education.

Her goal is to help patients understand the importance of good home care and she enjoys building long-term relationships with our patients. In her spare time, Heather enjoys the outdoors and working out. She has trained for numerous charity runs and is looking forward to running her first marathon.



Quincy is a native of Maine and went to school at the University of New England. She came to Austin to discover a new – and warmer – way of life. She is passionate about long distance running, has ran multiple marathons including the prestigious Boston marathon and is currently training for the Ironman Triathlon! Quincy also enjoys traveling, cooking and learning something new everyday! She is passionate about dental hygiene and looks forward to meeting you!