

Patricia Berube, D.M.D., M.S.
Periodontics and Dental Implants, Exclusively

Name: _____ Maiden Name: _____ Hm phone: _____
Home address: _____ City: _____ Zip Code: _____
Cell phone: _____ Email address: _____ Wk phone: _____
Social Security #: _____ Driver's license #: _____ Date of Birth: _____
Patient's employer: _____ Employer's address: _____
Spouse's name: _____ Cell phone: _____ Social Security #: _____
Spouse's employer: _____ Employer address: _____ Wk Phone: _____
Nearest Relative not living with you: _____ Phone: _____
Nearest friend not living with you: _____ Phone: _____
Physician: _____ Phone: _____
Preferred Pharmacy: _____ Phone: _____
Emergency contact? _____ Phone: _____
Whom may we thank you for referring you to us? _____ Phone: _____
Who is responsible for this bill? _____

For your convenience, we offer the following methods of payment. Please check the option you prefer:

Cash ___ Personal check ___ Visa ___ MasterCard ___ American Express ___ Discover ___ CareCredit ___

Responsible Party Information (if different than patient information)

Person responsible for this account: _____ Relationship to patient: _____
Social Security #: _____ Birth Date: _____
Phone (Home): _____ (Work): _____ Ext: _____ Cell: _____
E-mail address: _____ Best time and number to call: _____
Address: _____ City, State, Zip: _____
Is this person currently a patient in our office? Yes ___ No ___

Primary Dental Insurance Information

Name of insured: _____ Primary Insurance Company: _____
Insured's SS#: _____ Birthdate: _____ Employer Name: _____
Insurance Address _____
Insurance Phone# _____ Group# or Subscriber# _____

Secondary Dental Insurance Information (if applicable)

Name of insured: _____ Secondary Insurance Company _____
Insured's SS#: _____ Birthdate: _____ Employer Name: _____

I authorize Patricia Berube, D.M.D., M.S., P.A. to release to my insurance carrier and/or their agents any information necessary to determine benefits payable for related services. I authorize payment of dental benefits to Dr. Berube. I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance of my account for any dental services rendered. I have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status or the above information.

Signature

Date

Parent (if minor)

Date

Patricia Berube, D.M.D., M.S.
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Patient Name: _____ Date: _____
 Physician's name: _____ Office phone: _____ Date of last medical exam: _____

Please circle:

- 1) Are you under medical treatment now? Y N
 If yes, for what _____
- 2) Have you ever had any serious illnesses, operations or hospitalizations? If so, describe: _____ Y N
- 3) Do you use tobacco? Y N
 If yes, what type, quantity per day, and how long? _____ Y N
- 4) Do you use any controlled substances? Y N
- 5) How many alcoholic beverages do you drink? _____
- 6) List any medications prescribed (including blood thinners, meds for osteoporosis and aspirin) and not prescribed (i.e. herbals, OTC, etc.) _____

- 8) Are you allergic to or have you had reactions to:
- | | | |
|-----------------------------------|---|---|
| Local anesthetics | Y | N |
| Penicillin or other Antibiotics | Y | N |
| Sulfa Drugs | Y | N |
| Aspirin | Y | N |
| Latex/Rubber | Y | N |
| Iodine | Y | N |
| Any metals (e.g. nickel, mercury) | Y | N |
| Other: (please list) _____ | Y | N |

- 9) For Women Only:
- | | | |
|--|---|---|
| Are you pregnant, or is there a chance you may be? | Y | N |
| Are you nursing? | Y | N |
| Are you taking birth control? | Y | N |

7) Do you have or have you had any of the following?

- | | | | | | | | | |
|--|---|---|---------------------------------|---|---|------------------------|---|---|
| High or Low Blood Pressure | Y | N | Hypoglycemia or low blood sugar | Y | N | Easy bruising/bleeding | Y | N |
| Heart Trouble, Heart Attack, Angina | Y | N | Diabetes | Y | N | Leukemia | Y | N |
| Heart Defect or Heart Murmur | Y | N | Excessive thirst | Y | N | Anemia | Y | N |
| Chest Pain | Y | N | Frequent urination | Y | N | Blood disorder | Y | N |
| Shortness of Breath | Y | N | Kidney Diseases | Y | N | Cancer | Y | N |
| Heart Surgery | Y | N | Eating Disorder | Y | N | Radiation therapy | Y | N |
| Implants (pacemaker, hip, knee, heart valve) | Y | N | Stomach Troubles/Ulcers | Y | N | Blood transfusion | Y | N |
| Swelling of Feet, Ankles, Hands | Y | N | Thyroid Problems | Y | N | Hepatitis/Jaundice | Y | N |
| Congenital Heart Problems | Y | N | Cortisone or steroid treatment | Y | N | Liver Disease | Y | N |
| Mitral Valve Prolapse | Y | N | Asthma | Y | N | Joint replacement | Y | N |
| Fainting or Dizzy Spells | Y | N | Hay Fever or Allergies | Y | N | Rheumatoid Arthritis | Y | N |
| Epilepsy or Seizures | Y | N | Lung or Breathing Problems | Y | N | Osteoarthritis | Y | N |
| Headaches or Migraines | Y | N | Emphysema | Y | N | Glaucoma | Y | N |
| Anxiety/Panic Attacks or Depression | Y | N | Sleep Apnea | Y | N | Tuberculosis | Y | N |
| Mental Health Care | Y | N | Persistent Cough | Y | N | AIDS or HIV infection | Y | N |
| Transient Ischemic Attack or Stroke | Y | N | Sinus or nasal problems | Y | N | Other _____ | Y | N |

What is your chief complaint? _____

Do you have problems with or experienced any of the following:

- | | | | | | | | | |
|-----------------------------|---|---|-----------------|---|---|-------------------------|---|---|
| Bad breath, smell, or taste | Y | N | Dry mouth | Y | N | Grind or clench teeth | Y | N |
| Painful gums | Y | N | Bleeding gums | Y | N | Difficulty chewing food | Y | N |
| Spaces developing | Y | N | Sensitive teeth | Y | N | TMJ or jaw problems | Y | N |
| Receding gums | Y | N | Bite changing | Y | N | Accident-jaw/teeth | Y | N |

Have you ever been treated for periodontal disease? Y N
 If so, when and what procedures? _____

How many times a year do you have your teeth cleaned? _____
 When was your last cleaning? _____

Additional medical or dental history not covered _____

Authorization and Release: I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payers and/or health practitioners.

Today's Date: _____ Signature _____

Patricia Berube, D.M.D., M.S., P.A.
OFFICE POLICY

We are committed to providing excellent periodontal services to you, our patient. As a part of our professional relationship, it is important that you have an understanding of our financial policy.

1) YOU ARE FINANCIALLY RESPONSIBLE FOR YOUR ACCOUNT.

- **Please know we are not "in-network" with most insurance plans.** We will process your insurance benefits as a courtesy. We must collect any ESTIMATED co-payments, co-insurance, and/or deductibles at the time of service, unless other arrangements have been made in advance with our office.
- The **first visit must be paid in full.** If you have insurance, reimbursement will go directly to you for this visit.
- All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (this is the case whether a practice is "in" or "out" of network).
- If the insurance company does not pay your claim after 60 days, a statement will be sent for the full balance, which will be due and payable at that time.
- I understand that employees of Patricia Berube, D.M.D., M.S. are **NOT** representatives for my insurance company and the estimate I receive from them is not a guarantee of payment from my insurance company.
- A dental benefit plan is an agreement between you, your employer and the insurance company. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payment, covered charges, secondary, and "usual and customary charges".
- We charge the usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

- I authorize payment from my insurance carrier to be made directly to the periodontist. If payment is sent to me from the insurance company, I will forward it directly to the periodontist, as it is a theft of professional services if I keep the money (unless I have already paid for that visit in full). This is punishable by law and the account will be sent directly to collections.

2) It is your responsibility to provide us with your most current billing information.

- **Payment in full is due upon receipt of a statement, unless other arrangements have been made.** Balances older than 90 days may be subject to collection placement and fees or small claims court. Interest at 18% will begin to accumulate after 90 days. You will be responsible to pay all collection costs incurred, including attorney's fees and court costs if applicable.
- We accept **Cash, Checks, Money Orders, Care Credit and Credit Cards (Visa, Master Card, American Express and Discover).**
- If a payment plan is needed or if payment in full will not be obtained, a **Credit or Debit card on file form** will need to be filled out. We will keep this form on file, however this remains in a secure location and is not given or billed without our office notifying you. It is shredded once payment in full is obtained.
- We understand that temporary financial problems and situations arise. We encourage you to communicate any such problems, so we may assist you in management of your account.

4) After Hours: Dr. Patricia Berube does have an after-hoursline for emergencies only. We ask that you refer to your post op instructions before calling this number and in some cases, a fee may be applied.

5) No Call/No Show Policy/Broken Appointments: Dr. Berube has a strict No Call/No Show Policy, as this takes away time for care of others. We require a minimum notice of 5 business days if needing to reschedule a non-surgical appointment and a notice of 5 business days if needing to reschedule surgery appointments. **This does not include Fridays, as this day is reserved by appointment only.** A non-refundable deposit in the amount of \$300.00 will be required to reserve a surgical or non-surgical appointment. This deposit will be applied to the account and will be applied to the procedure performed. If a proper notice is not given, this deposit will not be refunded and an additional deposit will be required to reschedule.

6) Returned Checks: There will be a fee of \$30.00 for any checks that are returned by the bank. If you have a returned check to our office we will no longer be able to accept any checks from you or your family.

I have read and understand this form.

Patient or Guardian Signature

Printed name of patient

Date

Please park anywhere in front of the Cardiovascular Office #3315 Suite#171 - Sidewalk on either side of #3315 will take you directly to our building. Our building #3313 Suite#151 is DIRECTLY BEHIND #3315, the Cardiovascular Office.

Directions to Dr Patricia Berube's office

From Bartonville: Turn onto FM 407 West (Left), stay straight to go onto FM 1830. Turn (Right) onto Hobson Ln/Hobson Rd. Turn (Right) onto Teasley Ln/FM 2181 South. Stay straight to go onto Wind River Lane which leads directly into Unicorn Lake. Pass Unicorn Lake Blvd and take a right turn immediately after you pass the Washington Federal Bank. Go up the hill. Our building is #3313 up on the right, back from the road, Suite 151.

From Argyle: Turn onto 377 North, towards Denton. Turn (Right) onto Country Club Rd/FM1830. Turn (Left) onto Hobson Ln/Hobson Rd. Turn (Right) onto Teasley Ln/FM 2181 South. Stay straight to go onto Wind River Lane which leads directly into Unicorn Lake. Pass Unicorn Lake Blvd and take a right turn immediately after you pass the Washington Federal Bank. Go up the hill. Our building is #3313 up on the right, back from the road, Suite 151.

From Lantana: Turn onto FM 407, towards Denton. Stay straight to go onto FM 1830. Turn (Right) onto Hobson Ln/Hobson Rd. Turn (Right) onto Teasley Ln/FM 2181 South. Stay straight to go onto Wind River Lane which leads directly into Unicorn Lake. Pass Unicorn Lake Blvd and take a right turn immediately after you pass the Washington Federal Bank. Go up the hill. Our building is #3313 up on the right, back from the road, Suite 151.

From Highland Village/Flower Mound/Lewisville: Take I-35E North towards Denton. Take exit 462 toward State School Rd/Mayhill Rd. Turn (Left) onto S. Mayhill Rd. S Mayhill Rd becomes State School Rd. Turn (Right) onto Unicorn Lake Blvd. Take a right on the small road between the Retina Center and the Cardiology/Cardiovascular group. Go up the hill and turn left at the top. Our building is #3313 up on the left, back from the road behind Cardiovascular Associates. We are in Suite 151.

OR to bypass the highway

Take 2499 to Swisher Road. Take a right onto Swisher (FM 2181). Take 1st Left onto Oakmont. Take Left onto Robinson Rd. Take Second right onto State School followed by third left onto Unicorn Lake Blvd. Take a right on the small road between the Retina Center and the Cardiology/Cardiovascular group. Go up the hill and turn left at the top. Our building is #3313 up on the left, back from the road behind Cardiovascular Associates. We are in Suite 151.

From Cross Roads/Aubrey: Turn (Right) onto US-380 West. Turn Left to take the TX-288-Loop South ramp. Follow Loop 228 to Highway 35. Take a (Left), stay on the access road of 35. After passing the Cinemark, turn (Right) onto Wind River Lane (where the large signs are for the businesses of Unicorn Lake). Take the first left before the Washington Federal Bank and go up the hill. Our building is #3313 up on the right, back from the road, Suite 151.

Or

Take 380 to Mayhill. Take a left onto Mayhill. Take a left onto State School Road (you will pass Denton Regional Hospital on your right). Continue under the highway and take a right onto Unicorn Lake Blvd. You will pass the Pourhouse on your left and you will take the first right and proceed up the hill. Our building will be about the fourth building on the left #3313, back from the road, Suite 151.

From Bridgeport/Decatur: Follow US 380 towards Denton. Turn (Right) onto I-35 S. Keep (Left) to take I-35 E S towards Dallas. Take exit 462 toward State School Rd/Mayhill Rd. Stay straight on the access road. After passing the Cinemark, turn (Right) onto Wind River Lane (where the large signs are for the businesses of Unicorn Lake). Take the first left before the Washington Federal Bank and go up the hill. Our building is #3313 up on the right, back from the road, Suite 151.

From Gainesville: Take I-35 S. Keep (Left) to take I-35 E S towards Dallas. Take exit 462 toward State School Rd/Mayhill Rd. Stay straight on the access road. After passing the Cinemark, turn (Right) onto Wind River Lane (where the large signs are for the businesses of Unicorn Lake). Take the first left before the Washington Federal Bank and go up the hill. Our building is #3313 up on the right, back from the road, Suite 151.