



Updates & Changes

Today's Date _____

Name First _____ Middle _____ Last _____

Date of Birth _____ Sex: Male/Female Marital status: Single/Married/Divorced

Address _____

City _____ State _____ Zip code _____

E-Mail: _____

Home Phone _____ Office phone _____ Cell phone _____

Emergency contact name: _____ Phone # _____

MEDICAL CHANGES:

Please notify us of any new medical diagnosis _____

Please list all medications you are now taking: _____

Please list any allergies: _____

Primary Dental Insurance information:

Name of insured _____ Relationship to patient _____

Date of birth _____ Social Security # _____

Date employed _____ Name of employer _____

Address of employer _____ city _____ State _____ Zip _____

Dental Insurance carrier _____ ID # _____ Group # _____

Insurance claims mailing address _____

Insurance Company phone # _____

You as the patient are responsible to get this information from your dental insurance carrier, prior to your scheduled appointment date. Due to privacy regulations we are not responsible.

Secondary Dental insurance, please complete the following, If not write N/A

Name of insured _____ Relationship to patient _____

Date of birth _____ Social Security # _____

Date employed _____ Name of employer _____

Address of employer _____ city _____ State _____ Zip _____

Dental Insurance carrier _____ ID# _____ Group # _____

Insurance claims mailing address _____

Insurance Company phone # _____

You as the patient are responsible to get this information from your dental insurance carrier, prior to your scheduled appointment date. Due to privacy regulations we are not responsible.

Please sign, Patient/legal guardian: _____

Please print name: _____ **Today's Date:** _____



Dr.Selvan's Office Policy 2016

Welcome to our practice. To keep our office running efficiently, please adhere to the following:

- Call our office for an appointment 732-679-8300 or a request can be made on our website 24/7 www.DrSelvanDDS.com
- You can e-mail us anytime : drrvselvan@gmail.com
- The Patient registration form is on our website. Print, complete then fax it or e-mail it to us. You can also complete the form in our office.
- Fax or e-mail us the front and back of your current dental insurance card.
- Please be in our office 15 minutes prior to your appointment time with your photo ID.
- You are responsible to provide us with your current: address, phone numbers, e-mail, insurance and medical history.
- When we schedule an appointment for you, the time is blocked and the Dental chair is prepared exclusively for you.
- Our appointments are planned and set one week ahead. All appointments are confirmed by us with you a week ahead of your scheduled appointment. There will be a charge of **\$100** per person per appointment, for no shows and for last minute cancellations. This payment must be made prior to rescheduling. Failure to pay will result in the collection process for which you will be charged accordingly. If you come in late after your appointed time, you will have to wait until all the scheduled patients are seen or get another appointment at a later date.
- Our time and yours is valuable so be considerate and be on-time for your appointment.

About us as a Provider:

Dr.Selvan is a Dentist with 24 years of experience. He has served in many capacities in the field of dentistry including guest lecturer and as dental faculty. He is very kind, gentle, caring, passionate and easy to talk to. Please see our website for his noted accomplishments.

- We welcome your questions, will treat you with respect and dignity, understand your fears and answer your questions. We will provide you with treatment options customized to your dental situation. We are very passionate in what we do and will provide you with the best of care.
- We promise to have a safe and clean facility for you to come in and relax & share your experiences. You may bring in your headphones and music if that helps you relax. Evening and weekend appointments at our discretion.
- We will have refreshments and beverages for you as well. Warm Cotton hand towels will be provided for your comfort.
- Dentistry is a 50% partnership between the patient and the dentist. Each side needs to do their part for it to work. For example; the dentist does his part in the office and then the patient has to do his/her part at home including practicing good daily oral hygiene. It is of the utmost importance that you come in every six months for your regular dental prophylaxis. This will maintain your dental and overall oral health.
- We are children and senior friendly. Understanding your fears at any age.
- Our mouth is working 24/7. This includes night grinding, reduced salivary flow at night, increased bacterial activity, clenching both during day and night, chewing ice cubes etc. **Physicians are NOT trained in dentistry.** They treat every part of the body other than the mouth. We are the specialists of your oral health. Make use of our experience and expertise by maintaining a periodic check up regimen every six months for your benefit and overall health.

About Dental Insurances:

- A Dental insurance policy is a contract between your employer and the insurance carrier. Your employer is providing this dental policy as a benefit to you at a lower cost to them.
- You have a limited dollar maximum for dental (approx. \$1000) per year.
- Please understand your insurance card is **not** a platinum card. It is only a benefit. You can use it or lose it. The unused portion cannot be carried over to the next calendar year.
- Since we are running a business in the 21st century with antique prices, please do not negotiate with us regarding payment of your share of cost determined by your carrier.
- On a Healthcare standpoint it is wise to come in for your dental check up every six months to avoid future problems and to sustain good health. It is in your best interest to keep up with your dental and oral hygiene. If you have insurance you should utilize your benefit to ensure your dental well-being.
- As a courtesy to you as our patient, we will file all dental claims on your behalf at no cost to you. Please understand that if we do not get paid within 30 days after we file your claim, you are responsible to pay us in full. All unpaid bills will be sent to collection at your expense. There will be a \$5.00 charge to you for us to resend any claims and/or pre-treatment estimates to your insurance company if the situation arises.
- In case of pre-determinations, we will submit the paperwork on your behalf to your dental carrier along with supporting documents but it is up to you as the patient to follow up with your dental insurance carrier and provide us with the approval prior to scheduling the procedure.
- All copayments due us must be paid in full at the time of treatment. There is no negotiation. There will be a 3% charge on all credit card transactions. On all return checks there will be a \$50 charge plus all bank fees.
- THANK YOU FOR YOUR PATRONAGE. You will be given a copy of this policy. Please sign, Patient/legal guardian _____
Please Print Name _____ Today's Date _____