



Welcome!

Thank you for choosing my team and me as your dental healthcare provider. Whether you were referred by an existing patient or found us in the phone book, we are excited to have you join our practice.

It is our passion to provide excellence in the field of dentistry by using the latest in dental technology and a comprehensive approach to care. Our special interests are in restoring beautiful smiles and dental health that will last for a lifetime. Please visit our website www.rhdsmiles.com for a tour of our office.

YOUR FIRST VISIT

At your first appointment in our office, you will meet initially with the hygienist (unless the reason for your visit is problem-focused or due to pain, of course). She will discuss your desire and concerns, your dental and medical history, and gather data including digital radiographs and photographs that will aid Dr. Lindahl in his comprehensive exam. Together we will determine the best recall schedule and level of care you will need to maintain optimal oral health. Your cleaning will be initiated once this is done.

There is a wide range of dental health among adults and we feel you are best taken care of by a comprehensive initial exam and treatment plan. The intent is not to overwhelm you but to inform you. The time frame and priority of any treatment recommended is individual for each patient and is determined based on your needs and concerns. A treatment plan consult may be scheduled at your convenience and for no additional charge. This consult gives you an opportunity to have all of your questions answered and to make decisions regarding your treatment after you have been given all of the information and recommendations at the initial visit.

WHAT WE ACCEPT - OUR FINANCIAL POLICY

We accept cash, check, MasterCard and Visa. We also accept CareCredit, the largest healthcare finance company in the United States. CareCredit has several payment plan options and has been a wonderful aid to many patients in our office. Just ask for details or go to www.carecredit.com for more information.

Copayments and deductibles are to be paid on your visit. If your appointment time will be of significant length or if your treatment plan involves multiple appointments, a payment agreement will be customized for you. We accept most insurance and will research your individual benefits so that we can maximize them for you in our office. See the insurance section on the authorization form.

CANCELLATION POLICY - EFFECTIVE MAY 1, 2008

When you schedule an appointment in our office, for either dental work or for hygiene procedures be assured that the time will be reserved especially for you. The room will be prepared with the greatest attention to detail, to insure not only your safety and comfort but to treat your time with respect and efficiency.

Our staff will make every effort while you are in the office to update your address, phone numbers and e-mail address. As a courtesy to our patients we give a reminder call one day prior to your reserved appointments with Dr. Lindahl. We also send out a 3 week reminder card for hygiene visits that have been scheduled from the previous hygiene visit. At your request, we will also e-mail you a reminder of your upcoming appointment date.

A 48-hour notice is requested to change or cancel your appointment. With adequate notice of your cancellation, my staff can accommodate another patient who needs treatment and has been waiting for care.

In the unfortunate event that you are unable to keep your scheduled time, and have not been able to give adequate notice, a fee will be assessed to your account. This fee will be based on the amount of time that was reserved for you and will be payable by the patient before the next visit.

Thank you for your understanding on this very sensitive issue.

Through proper and preventive care and regular check-ups, we believe that most of our patients can expect to keep all of their teeth for a lifetime. If there are any questions, please ask. Once again, welcome to our practice!

Marty W. Lindahl, DDS & Team



One Time Authorization Form

Patient Name: _____

WELCOME LETTER: I have received a copy of the office welcome letter and acknowledge the appointment/cancellation policy.

Date _____ Initial _____

INSURANCE/ASSUMPTION OF RESPONSIBILITY:

It is our pleasure to assist in maximizing your insurance benefit by completing your claim forms. As a courtesy, in addition to filing the claim, we will only ask for your estimated copayment. Treatment and financial estimates are subject to change if Dental procedures are altered in any way. Please understand that due to the differences in insurance company's allowable fee schedules we are only able to estimate your percentage due on the day of your appointment. When your insurance company pays, we will settle any differences between the actual payment and our estimate with you. The difference will be due upon receipt of our statement. Any overpayments by you will be reimbursed to you when dental treatment has been completed. Any balance over 90 days is subject to collection fees.

The range of benefits depends solely on what your employer wishes to purchase. Some plans cover as little as 30% or as much as 100% of dental services, with most falling in the 40% to 80% range.

Most plans base the amount of benefit on a schedule of fees arbitrarily developed by insurance companies. For this reason you may receive a lower percentage than the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of a specific treatment, it means 80% of the fee arbitrarily determined by the insurance company and not the actual fee charged by our office.

The financial obligation for dental treatment is between you and our office. The insurance company is responsible to you, and not our office.

I have read, understand, and accept the terms of the financial policies outlined above for dental services and i understand that I am ultimately responsible for all charges incurred as a result of treatment by Dr. Lindahl.

Date _____ Initial _____

ASSIGNMENT OF INSURANCE: I hereby assign direct payment of any dental insurance benefits, or injury benefits payable because of liability of a third party or organization, and payable to or for the above said patient until account is paid in full.

Date _____ Initial _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE: I acknowledge receiving today a copy of Marty W. Lindahl, DDS, P.C.'s notice of privacy policies. I consent to the use of protected health information as described in the notice for treatment, payment, or health care operations.

Date _____ Initial _____

PERMISSION FOR DISCLOSURE: I give my permission to disclose my protected health information to the following people

(list names and relationships-i.e. Jane Doe, Wife): _____

Signature of Patient or Patient's Representative

Date

Printed Name of Patient's Representative: _____

Relationship to the Patient: _____