

Kerman Dental Group

184 S. Madera Ave
Kerman, CA 93630
Ph: 559.846.3333

Information Regarding Our Practice

Appointments: We recognize the value of your time. We will do our very best to see you as promptly as possible. If there are any delays in your appointed time, our team will let you know right away. It is important that you come to your appointment on the scheduled time. If your schedule requires that you must leave your appointment at a certain time, please make sure to communicate that and we will do our best to make that happen.

Your visit will include your options for:

- Quality time with Doctor and Staff
- Earphones, tapes, or radio available
- Visual tour of your mouth
- Optimal tooth repair with the latest techniques and materials

Emergencies: Dental emergencies arise from time to time. When they do, please call our office immediately. We are equipped to take all before or after business hours phone calls and return your call as soon as possible.

Dental Insurance: We are happy to file the forms necessary to see that you receive the optimal benefits of your coverage, however we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all of our patients to be directed responsible for all charges. Please know that we will do everything possible to see that you receive the maximum benefits. We are not your insurance company and are not responsible or any decisions or mistakes they make.

Cancellations or Broken Appointments: We are unable to extend a “No Charge” fee to our patients who give us 48 working hour notice if unable to keep the scheduled appointment. A charge of \$65 will be made per patient for each appointment that is not given adequate notice.

Patient Signature: _____ **Date:** _____

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You may refuse to sign this acknowledgment.

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature: _____ Date: _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be because:

- () Individual refused to sign
- () Communication barriers prohibited obtaining the acknowledgment
- () An emergency prevented us from obtaining acknowledgment
- () Other: _____

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<h2>Patient Registration</h2>

Patient Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: _____ SS#: _____

Telephone Number: _____ Mobile: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Referred By: _____

Employer: _____ Work Telephone #: _____

Emergency Contact: _____ Telephone #: _____

Responsible Party: (Parent if Underage)

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: _____ SS#: _____

Dental Insurance Information:

Primary Insurance:

Name of Insured: _____ Relationship to Patient: _____

Date of Birth: _____ SS#: _____

Insurance Company: _____

Employer: _____ ID#: _____ Group #: _____

Secondary Insurance:

Name of Insured: _____ Relationship to Patient: _____

Date of Birth: _____ SS#: _____

Insurance Company: _____

Employer: _____ ID#: _____ Group #: _____