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PATIENT REGISTRATION FORM

Date _____

| | | | | | | | | |
|-------------------------|----------------|------------|----------------|-----------|----------------|-------|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | | |
| FIRST NAME | MIDDLE | LAST NAME | PREFERRED NAME | BIRTHDATE | AGE | SEX | | |
| | | | | | S | M | W | D |
| _____ | _____ | _____ | _____ | _____ | MARITAL STATUS | | | |
| STREET ADDRESS | CITY | | STATE | ZIP | | | | |
| HOME NUMBER _____ | CELLULAR _____ | WORK _____ | | | | | | |
| SOCIAL SECURITY # _____ | | | E-MAIL _____ | | | | | |
| EMPLOYER _____ | | | | | | | | |

PLEASE NOTE: By listing above contact information, you agree for our office to utilize this information to contact you regarding any communication.

BILLING INFORMATION

| | | | | |
|---|------|------------------------------|---|--|
| _____ | | | _____ | |
| NAME OF RESPONSIBLE PARTY (if other than patient) | | | PHONE NUMBER | |
| _____ | | | _____ | |
| STREET ADDRESS | CITY | STATE | ZIP | |
| _____ | | | _____ | |
| DENTAL INSURANCE CARRIER* | | | INSURED'S NAME *(if other than patient) | |
| _____ | | | _____ | |
| INSURED'S EMPLOYER* | | | RELATIONSHIP TO PATIENT* | |
| _____ | | | _____ | |
| INSURED'S BIRTHDATE* | | INSURED'S SOCIAL SECURITY #* | | |
| _____ | | _____ | | |

***If you are unable to provide any of this information we will not be able to assist you in filing your dental insurance. Please present your dental insurance card for duplication.**

REFERRED BY _____ GENERAL DENTIST'S NAME _____

Have you, or any family member, ever been a patient of this office? Yes No

If yes, name and relationship to patient _____

EMERGENCY CONTACT _____ PHONE _____

I authorize the dentist to release any information including diagnosis and the records of any treatment or examination rendered to me or my dependent during the period of such dental care to third party payers and/or health practitioners. I agree to be responsible for full payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. I certify that I have read and understand the above information.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

Our Office Policies

Thank you for choosing Periodontics of Greenville. We are committed to your successful treatment and know you may have many questions regarding our office policies. Although all are not listed, the most frequently referenced policies are included below for your information.

Contact Information: Our office makes every attempt to personally answer each telephone call during our normal business hours, (864) 271-4330. Occasionally, our team members are assisting other callers and our voicemail system will direct you to leave a message. You may also send a non-urgent email to our general email address: info@periogreenville.com. If your call is after hours, our voicemail system will again direct you to leave a message or will provide an opportunity to access our emergency paging system.

Appointment Policy: All patients are seen by appointment only. We try our very best to stay on schedule, but sometimes emergencies arise and procedures take longer than expected. If there are serious delays, we will try to notify you as early as possible. Coincidentally, we greatly appreciate your punctuality and ask that you notify our office as soon as possible, at least 48 hours in advance, if it is necessary to reschedule an appointment. If a patient is severely tardy, it may be necessary for our office to reschedule an appointment.

Website: Our website is routinely updated to provide our patients with the most current information regarding our services and our practice. It also features biographical information about each doctor and provides detailed descriptions of the procedures we provide. Please visit it anytime to obtain more information: www.periogreenville.com.

Financial Policy: Payment is due in full at the time services are rendered. We accept cash, checks or credit cards (Visa, Mastercard, Discover or American Express). Our office does not accept dental insurance as a form of payment, but please read our Dental Insurance section for important information on how we can assist you in this area.

Dental Insurance: Periodontics of Greenville and our doctors are not participating providers with any plan and do not accept the amount dental insurance companies pay as full payment for services rendered. If you have dental insurance, please remember to provide your card for duplication. A dental insurance claim will be sent on your behalf after each visit, directing your company to send payment directly to you. By South Carolina Law, your insurance company is required to respond to any claims submitted within 30 days. Occasionally, dental insurance companies send payments directly to our office. If this occurs, we will issue a refund check to you as soon as possible. Many times, dental insurance companies will request additional information such as dental records, x-rays or narratives which may delay payment. Our office responds to these requests as soon as possible, in order to expedite your reimbursement. Please be aware that some, or perhaps all, of the services provided by our office may not be covered by your dental insurance company.

Medical Insurance: At this time, our office is not equipped with the proper systems to file medical insurance, nor do we accept any medical insurance programs. This includes all Medical or Health Insurance policies and Medicaid. We will be happy to provide you with a dental claim form and dental procedure codes to submit to your medical insurance company yourself, but we are unable to submit or pursue these claims on your behalf.

Medicare Recipients: Neither Periodontics of Greenville nor any of our doctors or hygienists are Medicare providers. Therefore, we are unable to submit claims to or receive payment from Medicare for any service we provide. Subsequently, you as our patient are not authorized to submit claims to Medicare for any service we render. Some services provided by our office could possibly be covered by a participating Medicare provider. By choosing our practice for your treatment, you agree to be responsible for all charges, as Medicare limits will not apply. This policy may also affect your supplemental benefits.

HIPAA Agreement: Please see separate Notification of Privacy Practices which describes how your personal information is protected by our office. This information is provided to you as required by the Health Insurance Portability and Accountability Act (HIPAA) implemented in April of 2003.

Office Locations/Directions: Please note our Charis Drive location is sometimes not recognized by electronic navigation systems. This office is located at One Charis Drive Greenville, SC 29615, but for navigation systems, please use 3431 Pelham Road Greenville, SC 29615 as your destination. We have a secondary location downtown at 310 Mills Avenue, Suite 106 Greenville, SC 29605. ****PLEASE BE SURE YOU ARE AWARE OF THE CORRECT LOCATION FOR YOUR APPOINTMENT.**** We make every effort to remind you upon appointment confirmation, but we encourage you to inquire if you are unsure.

Signature: By signing below, I acknowledge I have read, understand and agree to the above information provided by Periodontics of Greenville, including: Appointment, Financial, Insurance, Medicare and HIPAA policies:

SIGNATURE OF PATIENT OR LEGAL GUARDIAN _____ Date _____

Directions to Periodontics of Greenville

To Charis Drive: 1 Charis Drive, Greenville, SC 29615

From I-38S and I-85 S:

Take I-85 North toward Spartanburg to Exit 54 (Pelham Road). Turn left off the exit onto Pelham Road. Continue about 1 mile. On your right, you'll pass the East Park at Pelham office complex. Our blue Charis Drive street sign will be on the right, just past the office complex. Turn right onto Charis Drive and our building will be on your left behind the bank.

From I-85 N and the Airport:

Take I-85 South to Exit 54 (Pelham Road). Turn right off the exit onto Pelham Road. Continue about 1 mile. On your right, you'll pass East Park at Pelham office park. Our blue Charis Drive street sign will be on the right, just past the office park. Turn right onto Charis Drive and our building will be on your left behind the bank.

From Haywood Road and East North Street:

Take Pelham Road East towards I-85. Continue about 3.7 miles past Haywood Road. Continue through traffic light at Boiling Springs Road and past Grace Church on your left. Turn left onto Charis Drive (small blue street sign). Our office will be on the left behind the bank.

To Mills Avenue: 310 Mills Avenue, Suite 106, Greenville, SC 29605

From Downtown:

Go south on Church Street. Cross Augusta Road: our office will be on your right.

From the Eastside:

Take I-85 into downtown. Turn left on Church Street. Cross Augusta Road; our office will be on your right.

From Easley:

Take U.S. 123 into Greenville. Turn right on to Washington Street. Washington becomes W. Faris Road. Turn left just after the overpass on to Mills Avenue. Our office will be on your left.

Please call us at 864-271-4330 if you have any questions or need further assistance.