

## ***Financial Policy and Patient Liability***

The financial policy of Sonshine Family Dental is that payment is expected at time of service.

Should you have insurance, please remember that it is a contract between you and the carrier and we are not part of that contract. We file your claim to your insurance carrier as a courtesy. Insurance is a means of payment not a transfer of personal responsibility. Therefore, it is your responsibility to know which services are covered and which are not. You or your employer have paid a premium for specified insurance coverage. Demand that the carrier meets the contractual arrangements included in your plan.

In order to better serve you, we accept most traditional insurance plans. However, these plans include co-pays, annual deductibles and reimbursement at less than 100% of the approved bill leaving you with some personal financial responsibility. Most of the plans include provisions to pay for the services within a specific number of days after the claim has been filed. If your insurance company or health plan does not pay for services we have provided within a reasonable amount of time, we will look to you for payment.

Besides payment through an insurance carrier or health plan, we accept payment by cash, check or credit card. Should a situation arise where a payment plan is the best means to satisfy a debt, we can make those arrangements. Delays in payment of more than 30 days after your insurance has paid may result in service charges at the rate of \$7.00 per month. If you disagree with your carrier's settlement of your claim, you will need to pay the balance due and appeal directly to your carrier. Should we reach the point where we must seek the assistance of a collection agency to satisfy your debt, you will be responsible for any attorney fees.

I certify that I have read this document, understand its content and agree to my responsibilities.

\_\_\_\_\_  
Signature of patient or person responsible for payment

\_\_\_\_\_  
Date



# SONSHINE FAMILY DENTAL

## Information About You

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
What do you prefer to be called? \_\_\_\_\_ ☐ Male ☐ Female  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell/Pager: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's address: \_\_\_\_\_  
☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed  
Spouse's Name: \_\_\_\_\_ Do you have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

## Account Information

Person responsible for your account: \_\_\_\_\_ Relation: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ SS#: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Drivers License#: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Payment Method: ☐ Cash ☐ Check ☐ Credit Card  
\_\_\_\_\_  
Initials I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered.  
I fully understand I am solely responsible for any balance not paid by my insurance company.

## Insurance Information

Primary Dental Insurance: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Insured's SS #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_

## In Event of an Emergency

Who should we contact? \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Who is your Medical Doctor?: \_\_\_\_\_ MD's Phone: \_\_\_\_\_

## Reason for Today's Visit

☐ Exam ☐ Emergency ☐ Consultation ☐ 2nd Opinion ☐ Other \_\_\_\_\_  
Are you in pain? ☐ No ☐ Yes/how long? \_\_\_\_\_

Please check if you have any of the following problems:

<input type="checkbox"/> clicking or popping in jaw	<input type="checkbox"/> lost/broken fillings	<input type="checkbox"/> stained teeth
<input type="checkbox"/> swollen/bleeding gums	<input type="checkbox"/> teeth grinding	<input type="checkbox"/> locking jaw
<input type="checkbox"/> sensitive teeth or gums	<input type="checkbox"/> ringing in the ears	<input type="checkbox"/> bad teeth
<input type="checkbox"/> blisters/sores in mouth	<input type="checkbox"/> broken teeth	<input type="checkbox"/> apprehensive to dental work
<input type="checkbox"/> reaction to local anesthetic	<input type="checkbox"/> prolonged bleeding	<input type="checkbox"/> complications after dental work

Continued on the back .....

## Dental Information

What did you LIKE about your last dental office? \_\_\_\_\_  
What did you DISLIKE about your last dental office? \_\_\_\_\_  
Do you require pre-medication for dental work? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know  
Times a day you brush? \_\_\_\_\_ Times a week do you floss? \_\_\_\_\_  
How would you rate your smile? 1 2 3 4 5 6 7 8 9 10  
Would you like to improve your smile? \_\_\_\_\_

## Medical History

Please rate your general health from 1 to 10 \_\_\_\_\_  
Do you have or ever had any of the following diseases or medical conditions? (please circle)  
Heart Attack/Stroke      Kidney Problems      Cancer /Tumors      Chemotherapy  
Heart Surgery/Pacemaker      Liver Problems      Shingles      Thyroid Disease  
Diabetes/Hypoglycemia      Respiratory Problems      Hepatitis      Heart Murmur  
Jaw Problems/TMJ/TMD      Sinus Problems      HIV +/-AIDS/ARC      Rheumatic Fever  
Mitral Valve Prolapse      Arthritis/Rheumatism      Leukemia      Artificial Valves  
Stomach Problems/Ulcers      Psychiatric Problems      Artificial Bones/Joints      Anemia  
High/Low Blood Pressure      Emphysema      Venereal Disease      Heart Disease  
Congenital Heart Defect      Bleeding Problems      Chest Pains      Alcohol/Drug Abuse  
Fainting/Seizures/Epilepsy      Scarlet Fever      Tuberculosis TB      Glaucoma  
Severe/Frequent Headaches      Frequent Neck Pain      Difficulty Breathing/Asthma  
Do you have any allergies? ( Penicillin, Latex, Anesthetic, Metals, Acrylics, etc.) \_\_\_\_\_  
Please list any other health concerns: \_\_\_\_\_  
Please list any medication you are taking and dosage: \_\_\_\_\_  
Have you been under the care of a medical doctor in the past two years? \_\_\_\_\_ No \_\_\_\_\_ Yes/explain: \_\_\_\_\_  
Have you ever been hospitalized or had surgery? \_\_\_\_\_ No \_\_\_\_\_ Yes/list: \_\_\_\_\_  
Do you use tobacco? \_\_\_\_\_ No \_\_\_\_\_ Yes  
WOMEN: Are you pregnant? \_\_\_\_\_ No \_\_\_\_\_ Yes      Are you taking birth control? \_\_\_\_\_ No \_\_\_\_\_ Yes

We invite you to discuss with us any question regarding our services. The best dental health services are based on a friendly, mutual understanding between provider and patient. Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 60 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and other expenses incurred in collecting your account.

I understand I will be responsible to pay a \$35.00 fee for any failed appointments if deemed applicable by the dentist. I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider to release any information required to process insurance claims.

I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Medical History Updated

Date: \_\_\_\_\_ Any changes? \_\_\_\_\_ No \_\_\_\_\_ Yes/explain \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Sonshine Family Dental

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\* You May Refuse to Sign This Acknowledgement\*

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 acknowledgement of receipt of our Notice of Privacy Practices, but  
acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## OFFICE HOURS:

MONDAY 8AM TO 5PM  
TUESDAY 8AM TO 5PM  
WEDNESDAY 8AM TO 5PM  
THURSDAY 8AM TO 5PM

Closed Friday, Saturday & Sunday

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Phone: 317-271-1330  
Fax 317-271-1382  
during business hours

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## EMERGENCY:

For a dental emergency  
after business hours:  
271-1330



*Sonshine Family Dental*  
10100 East U.S. 36  
Avon, IN 46123

*Sonshine*

*Family Dental*

10100 East U.S. 36 • Avon, IN 46123  
317-271-1330

Steven F. Driggers, DDS

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# WELCOME!

Welcome to Sonshine Family Dental! Our goal is to provide to you our best dental services and to endeavor to glorify our Lord in all we say and do. Please take a few moments to learn more about our office.

Sonshine Family Dental is located at the east side of Avon on the north side of Highway 36 in the Shiloh Crossing area. We are in a modern building, engineered specifically for Sonshine Family Dental. Our dental areas are designed to enhance our patient's visit as much as possible, with bright well-lit rooms, many with windows. We have the most modern equipment and instruments including a water sterilization system that delivers treated water to all dental stations. In this fast moving computer age, it is extremely important to keep up with the latest practices and techniques in order to better serve our patients. Dr. Driggers is continually refreshing his dental knowledge by attending conferences and seminars on the most up to date procedures.

## HOURS

Our office is family-oriented and we place great importance in our staff having their evenings and weekends available for their families. We will make every effort to accommodate your schedule within our office hours.

## YOUR FIRST VISIT

Your first visit as a new patient will consist of a comprehensive oral exam and a complete series of x-rays, if needed. We do not “clean” your teeth at this first appointment. It is our desire to provide you with the best dental care possible in an effort to help you keep your teeth for the rest of your life. To achieve this, we’ll spend much time gathering information and educating you about your existing dental condition. This will allow us to provide you with a complete diagnosis of all treatment necessary. You will then be appointed for the appropriate gum care and any other work that may need to be completed.

## CHECK-UPS

After your first new patient visit with us we may then schedule a routine cleaning or “check-up”. Although many patients are able to maintain an acceptable level of oral health at this interval we are finding many patients who are falling below our standards for a healthy mouth. How are these standards set and evaluated? Good question! During your regularly scheduled cleaning appointment every six months, we have an extra diagnostic step which we call a “periodontal probing or charting.” A series of measurements are made at six different points on each tooth. These measurements help us to judge whether normal bone and attachment levels are present or absent. By combining these measurements with the presence or absence of

bleeding we are able to accurately evaluate the health or lack thereof in your gums and supporting tissue. This information gives us the ability to make a diagnosis and initial treatment recommendations. We then can create a data base from each visit and help you understand your gum and tissue health from visit to visit. We strive to do everything possible to help you achieve and maintain a healthy mouth. If any treatment recommendations are made for you, we will help educate you fully as to the nature of your case and the expected course of treatment.

## INSURANCE

**As a courtesy to our patients,** we will file primary insurance for you. At your first appointment, we ask that you be prepared to pay in full at time of service. We will file the insurance and mark the claim for reimbursement to you. Each appointment thereafter we will file directly with the insurance. We will ask you to pay any deductibles and percentages due for the services rendered at the time of service. Please remember, insurance is a means of payment, not a transfer of responsibility. It is your responsibility to know which services are covered and which are not.

## APPOINTMENTS

We place a strong emphasis on preventative dentistry and we recommend that our patients have regular “check-ups” consisting of cleaning, exam, x-rays and probing. Routine appointments will prevent many problems and catch others while they are still small. As a result, “check-ups” help you save time, money and needless discomfort. These appointments last about an hour, but can save you much in return. Please make every effort to keep your appointments as a priority. Your appointment time

is set aside just for you. A certain amount of preparation is required for each procedure. A fee may be charged for any failed or cancelled appointment without **48 hour notice** unless it is an emergency. **It is our policy that any patient who has failed two appointments without notice will not be given another appointment, but will be seen on a “same day” basis only.** Please be courteous to the doctor as well as other patients and notify the office as soon as possible when you cannot make your scheduled appointment.

## EMERGENCIES

Emergency situations are a priority to us. If you do have a true dental emergency (pain, accident, etc.) please call the office during business hours at 271-1330 or after hours at our emergency number recorded on the answering machine.

## ABOUT OUR DOCTOR

Dr. Steven Driggers graduated from Indiana University School of Dentistry in 1985. He completed his undergraduate studies at Ball State University where he received a B.S. degree in the pre-dental program. Upon his graduation in 1985, the doctor practiced dentistry on elderly patients of nursing homes for two years before he began at this practice in April, 1987. Dr. Driggers attends Kingsway Christian Church.



Thank you for choosing Sonshine Family Dental. We look forward to assisting you with your dental needs.