

## ***Getting to know you and our practice, the team and your surroundings in the office!***

We would like to take this opportunity to thank you for selecting Dr. Goodall and her team to be your dental family. If you are a new patient or an existing patient updating your file please read these forms and ask any questions that you like to better understand our policies, procedures and/or treatments available to you and your family.

Let's start! How did you hear about our office and if you are a returning patient or updating please share with us where you have been treated if outside of our practice and/or if you have just been a busy bee!

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Did you know that Dr. Goodall has the cutting edge in technology and a team with a wealth of knowledge to use them to their fullest and best performance? Her team spends hours training and education to provide you with the greatest services. That's why from time to time your appointment may need to be changed for the education or a little R&R to refresh and energize! Some of the extras that may interest you and often provide a special discount would be whitening, ortho and on a very special occasion we have a Veneer Holiday special! The Veneer week allows a minimum of 4 patients with 6+ Veneers an additional discount arranged by the entire team. Each year the special may change so be sure to enquire about Veneer week with your exam so that you can receive your free consultation with our special designer.

Do you have any dental plans that need to be discussed with our team and to better understand how they work within our practice? If so please provide the name of the plan, employer or self-funded, ID#, Social Security #, plan #, address and phone numbers. We would like to have this information upon your first contact with us so that we can verify and gather the information provided to the practice. Please note we only accept primary insurance and we will do our best to help you receive all benefits due to you. Please read additional financial policy for more information, not all plan providers will give all the information we request for your dental appointment and you may be subject to payment. Your signature below allows us to contact your plan provider and discuss future treatment. Your provider will "NOT" guarantee any services or payments even if they request a predetermination. For this reason we do not take the time to send in predeterminations and not all services to be performed for the needed treatment may be covered or sent in for their non-agreement verification. The estimate provided are based on the information your insurance has provided and what is current in their system at the time. Therefore, your benefits can change within a 12 hour window unbeknownst to the practice. Any and all unpaid balance estimated from the insurance company is your responsibility. Please be sure to sign "YES" on the financial form to move forward with treatment. Any outstanding balance will be due immediately, the practice does not carry a balance for payment plans.

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Self-Pay patients payment is due in full at the time services, treatment or products are purchase. Dr. Goodall reserves the right not to offer a double dip discount with CareCredit, Invisalign, Dentex or any other financial program. The practice accepts Cash, Check (with ID), Visa, M/C, Discover, Amex and CareCredit (with services not already discounted and over \$1000 ONLY)! Services/treatment/products that are render are due immediately, the practice does not carry a balance for payment plans.

If you are referred to a specialist (oral surgeon, endodontist or periodontist...) you will more than likely return to our office for additional treatment to the area/s treated by the specialist. This means there will be additional treatment financials to be advised. The specialist fees and our practice fees do not work together as one treatment fee, please inquire about the completed treatment by all parties prior to seeing the specialist. (Implants, extractions, root canals, perio treatment)

Please note that signing this form allows us to collect additional information from the patient of records previous services, photos and x-rays with another provider. Please write on the back of this form any specialist or dentist that you would like us to gather this information from or forward our records too. We request that you contact those providers and request all x-rays in the past 24 months to be emailed to you and you then forward them to our practice. [jngdds@jgoodall.net](mailto:jngdds@jgoodall.net)

Upon sign in please supply your current Driver's License or government ID, Insurance ID, updated Medication information/list and these signed documents to be seen for your dental appointment. My signature acknowledges:

I have received a copy of practice policy's and financials and understand them. I have asked needed questions and accept the office terms without hesitation for the patient listed on documents be a current patient of record.

I understand that I am personally responsible for my/patients account in full, with or without insurance paying.

I understand an insurance plan is between me and the plan provider not the doctor or practice.

I understand that any and all services not covered may not be sent to my plan provider and I am 100% responsible for all services/procedures/product agreed to and purchased.

I understand that there are not payment plans provided, financial concerns are only discussed with the practice financial team and not the doctor or team members unaware of your financial agreements and/or plans.

I understand that I must be presented with a treatment and financial plan. Accepting verbal agreement of treatment means that I agree to all financial known and unknown charges/estimates without hesitation.

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Patient Name

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Patient/Guardian Signature

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Date