



Advanced Care Dentistry & Dentures

Vincent T. Vo, DDS • Christine Hoang, DDS
Pasadena - 5233 Fairmont Pkwy Ste F Pasadena, Texas 77505
Pearland - 3320 E. Broadway Ste 110 Pearland, TX 77581

Name Birth Date Social Security#
Address City ST Zip
Age Sex: Female/ Male Cell Phone Home Phone
Work Phone Email
Occupation Employer

We offer courtesy reminders via email & text, if you prefer to opt out of this service please select box
Marital Status: Married Single Divorced Widowed Student: Yes No School Name:

Ethnic Origin Please Circle one of the following:
African Amer/Black Asian Bi-Racial/Multi-Racial Hispanic Native American White Other

How were you referred? (Please circle one): Friend (Name) Flyer Google Bing
Business (Name) Other(Please explain):

Emergency Contact: Name/Relationship Phone

Physician Address Phone

If minor, name of Parent/Guardian Address (if different)

Dental Insurance I.D. # Phone

Policy Holder: Policy Holders Date of birth:

Medical Insurance: Policy # Phone

Prescription: Phone# Id# Bin# PCN#

Preferred Pharmacy Name: Phone Number:

Circle any of the following which you have had or have at the present:

- Heart Condition Anemia or Hemophilia Skin Rashes or Hives Thyroid Disease (Hyper/Hypo) Radiation Therapy(x-ray, Cobalt)
Heart Attack or Stroke Bruise Easily Kidney Trouble Cortisone Medicine Chemotherapy (Cancer, Leukemia)
Heart Murmur Shortness of Breath Diabetes Type Glaucoma HIV Positive/AIDS
Chest Pains (Angina) Swelling of Ankles Sickle Cell Disease Arthritis or Rheumatism Venereal Disease
Heart Surgery Artificial Joint Liver Disease Pain in Jaw Joints Genital Herpes
Artificial Heart Valve Lung Disease Hepatitis A (infectious) Fainting or Dizzy Spells Cold Sores
Heart Pacemaker Emphysema Hepatitis B (Serum) Alcoholism Epilepsy or Seizures
High Blood Pressure Tuberculosis (T.B.) Yellow Jaundice Drug Addiction Psychiatric Treatment
Rheumatic Fever Asthma or Hay Fever Blood Transfusion Cancer or Tumor Allergy to Latex

What is your present health? Good Fair Poor
Do you have any disease, conditions or problems not listed above? No Yes
If yes, please explain

Are you having pain or discomfort at this time? No Yes
Do you smoke or use smokeless tobacco? No Yes
Are you nervous or concerned about having dental work done? No Yes
Women: Are you pregnant now? No Yes Due Date:
Are you practicing birth control? No Yes
Do you anticipate becoming pregnant? No Yes
Have you had any complications or Problems with previous pregnancy? No Yes

Are you presently taking any medicine or drugs? No Yes
If yes, list drug, dosage and frequency

Are you allergic to any medicine, drug or other substance? No Yes
If yes, please list

Are you now, or have you been under the care of a medical doctor during the last two years? No Yes
Have you ever been hospitalized or had surgery? No Yes
Have you ever had a reaction to a local anesthetic? No Yes
Have you ever had a prolonged or unusual bleeding? No Yes
Have you ever had complications or illness following Dental Treatment? No Yes
Have you ever had an injury or trauma to your face or jaw? No Yes

Dental treatment desired (circle):
Check-up Cleaning Cavities Missing Teeth Replaced
Cosmetic Bonding Teeth Extracted Complete Dentures
Orthodontics Partial Other
Do you have existing partial(s)/denture(s) No Yes
If yes, how old is your Denture(s) Partial(s)
Last Check Dental Check & Cleaning:
Best time for dental Appointments are

Table with 7 columns: Mon, Tues, Wed, Thurs, Fri, Sat, Anytime

Doctor Signature:

Initial Consult BP/P:

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health, or if my medicines change, I will inform the Doctor of Dentistry at the next appointment without fail.

Date

Signature of Patient, Parent or Guardian

It's never too late to smile!



Advanced Care Dentistry & Dentures

Vincent T. Vo, DDS ● Christine Hoang, DDS
□ Pasadena - 5233 Fairmont Pkwy Ste F Pasadena, Texas 77505
Telephone: 281-998-2000 Fax: 281-998-0409
acdsmlsinfo@gmail.com
□ Pearland - 3320 E. Broadway Ste 110 Pearland, TX 77581
Telephone: 281-997-1703 Fax: 281-997-1716
acdsmlspearland@gmail.com
www.AdvancedCareDentistryandDentures.com

Office Financial & Appointment Policy

Welcome to Advanced Care Dentistry & Dentures, where our mission is to enhance the lives of our patients through superior care and treatment that is consistent with our values and vision. We are dedicated to delivering comprehensive dental care of exceptional value that can dramatically improve not only our patients' smiles but also their health, happiness, and quality of life. We pride ourselves on our patient-centered practice, where we perform the highest level of care and service in a clean and well-organized environment.

All recommended treatments are in the best interest of our patients. We will not allow your dental insurance to dictate your treatment plan; therefore we will inform you before we perform any recommended treatment.

NEW PATIENTS: CASH OR CREDIT/DEBIT CARDS ONLY

DENTAL INSURANCE:

If you have dental insurance, please be aware that IT IS AN ESTIMATE ONLY. Coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage have additional limitations and exclusions. All estimated co-pays and deductibles are due at the time of service. X (Initial)

As a courtesy to our patients, we are happy to submit your claims for services. In order for us to do this, you must provide us with accurate and up-to-date insurance information. We will verify your coverage and plan before your appointment. With this, we will estimate the insurance portion and your co-insurance. This may or may not be what the insurance company will actually pay. We'll do our best to help you receive maximum benefits. Patients are responsible for all balances incurred for services received. A late fee of 1.6% will be assessed monthly to accounts after 60 days. Any unpaid balance over 90 days will be considered delinquent and turned over to a collection agency. Fees may apply. X (Initials)

We will wait 45 days for insurance claims to be paid. After 45 days if payment has not been made, you will be asked to pay the balance and seek reimbursement from your insurance company. X (Initials)

CANCELLATION/BROKEN APPOINTMENT POLICY

Dental treatment that is planned for you is specific to you. It is important for you to keep the scheduled dates and times to properly complete your treatment in the desired length of time. A broken appointment is a loss to three people --- the patient who missed the valuable time, the patient who could have taken the valuable time; and the doctor who was fully staffed and prepared for the appointment.

I hereby agree to show up for my scheduled appointments on time and to give a 24 hour advance notice if I need to cancel or reschedule an appointment. \$25 fee may be assessed to your account. X (Initials)

Note: All cancellation fees must be paid prior to scheduling another appointment.

PREFERRED METHOD OF PAYMENT

All services must be paid at the time of service. For your convenience, we accept Cash, Bankcards and all Major Credit Cards – American Express, Discover, Visa, MasterCard, CareCredit and Checks(Checks must clear prior to completing treatment). There is a thirty five dollar (\$35) returned check fee applied to your account in the event the bank denies your check for any reason. We also offer a revolving line of credit through a third party CareCredit(upon credit approval).

The parent or guardian that brings in a minor for treatment is the financially responsible party.

By signing below, I acknowledge that I have read, understood, and agree to the provisions of the above policy.

PATIENT'S NAME (PRINT):
PARENT/GUARDIAN NAME (PRINT):
PATIENT/GUARDIAN SIGNATURE:

It's never too late to smile!



Advanced Care Dentistry & Dentures

Vincent T. Vo, DDS ● Christine Hoang, DDS
□ Pasadena - 5233 Fairmont Pkwy Ste F Pasadena, Texas 77505
Telephone: 281-998-2000 Fax: 281-998-0409
acdsmilesinfo@gmail.com
□ Pearland - 3320 E. Broadway Ste 110 Pearland, TX 77581
Telephone: 281-997-1703 Fax: 281-997-1716
acdsmilesppearland@gmail.com
www.AdvancedCareDentistryandDentures.com

**Advanced Care Dentistry
&
Dentures**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this
offices 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)

©2002 American Dental Association
All Rights Reserved
Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form
by any other party requires the prior written approval of the American Dental Association.
This Form is educational only, does not constitute legal advice, and covers only Federal, not state law (August 14,2002).

It's never too late to smile!

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 06 / 09 / 04, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations.
for example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0 for each page, \$0 per hour for staff time to copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Dr. Vincent T. Vo D.D.S

Telephone: 281-998-2000 Fax: 281-998-0409

E-mail: advancedcare@rocketmail.com

Address: 5233 Fairmont Pkwy Ste. F Pasadena, Texas 77505