Robert Herzog, D.D.S.
Tricia Primomo, D.D.S.

Dental Wellness of Albany

651 Delaware Avenue
Albany, New York 12209
(518) 427-2447 • FAX 427-7346

Patient Name_____ male /female Date_____Birthdate_____
Name you would preferred to be called _____single married separated divorced

Address_____
City_____ State_____ Zip_____
Telephone Home_____Work_____Cell_____Email_____
Circle best way to reach you during the day?
Employer_____ Occupation _____Last 4 digits of SS#_____
Who is responsible for account?_____
Spouse's Name_____
Name of parent if child_____
Emergency contact and number_____

Insurance information:
Please present your **Insurance Card** and **Driver's License** to the administrator.

Dental Information:
Name of Previous Dentist and Location_____Date of Last Exam_____
Circle YES if have or had the below conditions or issues:

Gums bleed flossing or brushing	Teeth sensitive to biting, hot or cold
Feel pain in any of your teeth	Head or neck injuries
Frequent Headaches	Clench or Grind teeth
Difficult extraction in past	Sore or lumps in mouth
Orthodontics	Concerned about bad breath
Do your wear dentures or partials	Would you like whiter teeth

Consent to Treatment and Policies

I attest that my submitted medical history is accurate and agree to provide updates to my medical and dental condition at future appointments. I hereby authorize Dr. Herzog or Dr. Primomo to perform any and all forms of treatment, medication and therapy that may be indicated in connection with my dental care and further authorize and consent that the doctor chooses and employs such assistance as he deems fit within the scope of practicing dentistry. I understand that prior to treatment, full explanation of the procedures involved will be given by the doctor and/or his staff.

Our practice understands that patients rely on their dental insurance to help defray the costs of dental services. We agree to council patients about what insurance can do to assist them in paying for services and to explain any plan limitation to the best of our knowledge. It is ultimately your responsibility to fully understand the advantages and limitations of your own insurance plan. Please understand that our follow-up process is limited to rebilling insurance companies one time. We agree to be efficient in our processing steps with accurate information that you provide. However, if a claim is not paid after 60 days, the patient will be responsible for full payment and may choose to collect from their own insurance company. A finance charge will be added to your account 30 days overdue.

We reserve the right to reschedule an appointment if the patient arrives after their appointed time. Missed and/or cancelled appointments without 24 hours notice may result in you being dismissed as a patient as well as repeatedly ignoring suggestions from the doctor. A new patient is not considered a patient of record until they have had an initial new patient exam and an appropriate cleaning. After a 3 year absence, your records will be placed in the inactive file and will require re-admittance through the new patient procedure. Our goal is to provide you with optimal oral health and requires commitment on both the patient as well as the doctors.

Signature of responsible party relationship date