



8309 Phoenix Ave.
Fort Smith AR 72903
479-646-0706

Patient Insurance Update

Thank you for selecting our office!!

Our greatest concern is your complete oral health. It is our philosophy to be a practice built on preventative dentistry rather than emergency dentistry. It is suggested that most patients are seen on a regular 4-6 month basis to consistently maintain optimum dental health.

*** Please provide Insurance Card and Photo ID for identity verification.**

Patient Name _____ SSN _____ DOB _____

Single Married Widowed Partnered Other

Male Female

Email address _____

Home Address _____ City _____ State _____ ZIP _____

Home Phone # _____ Cell Phone # _____ WK# _____

Employer _____ Address _____

Dental Insurance _____ ID# _____ Group # _____

Policy Holder _____ Employer _____

Policy Holder SSN _____ DOB _____ Phone # _____

Payments and Co-pays are due on the day of service.

Insurance: We will file your insurance claim for you as a courtesy. With the information you provide to us, we will do our best to help you determine your dental benefits. **The estimated co-pays we give you are "estimates", not a guarantee. If your insurance does not pay, you will be responsible for the dental services you received.** We can only give you estimates based on the information we are provided by you and your insurance company.

I give my permission to RVSC to store the confidential patient information I have provided, including account information, insurance information, appointment information, and clinical information, to the RVSC secure data programs. I understand that for security purposes, RVSC makes every effort to keep electronic information secure, and the RVSC program can only be accessed by internal passwords and requires a protected user ID. I understand that the dental practice is not to be held liable for any harm related to the theft of this information. I also understand that RVSC will represent all State and Federal privacy laws, as well as ethical and licensure requirements.

** For a more detailed description of the State and Federal privacy laws, a copy may be obtained on hhs.gov.*

I have read and understand all of the above policies.

(Name)

(Date)