WARNING!!!

As of May 14, 2012

IF YOU ATTEMPT TO DECEIVE THIS PRACTICE BY MISINFORMING US OF YOUR DENTAL CLEANING, EXAM, CONSULTATION OR ANY OTHER DENTAL WORK, WE WILL ALERT MEDICAID OF YOUR MEDICAID FRAUD AND YOU WILL LOSE YOUR MEDICAID BENEFITS PERMANENTLY.

YOU WILL BE RESPONSIBLE FOR THE FULL AMOUNT OF ALL CHARGES PLUS ALL COLLECTION FEES ASSOCIATED WITH YOUR CLAIM.

Parent/Guardian_____ Date_____

List names and date of birth of all minor children being treated by Dr. Ramsey Wilson

_____ _____

_____ _____

_____ _____

_____ _____

PATIENT INFORMATION

Date: _____

Patient's Name: _____ Birth Date: _____

If patient is a minor, parent's name and social security: _____

Is any family member a patient here ? If so, who? _____

Patient's address: _____
P. O. Box or Rt. & Box City State Zip

Home Phone: _____ Business Phone: _____

Sex _____ Race _____ Age _____ S S No. _____

Marital Status: Single___ Married___ Separated___ Widowed___ Divorced___ Spouse's Name _____

Spouse's Business Phone: _____

Family Physician: _____ Phone No.: _____

Patient's employer: _____ Occupation: _____
Or parents employer, If patient is a minor

Address of employer listed above: _____

Person responsible for account: _____

Address (if different for patient): _____

How is this account to be paid? Cash___ Check___ Insurance___ Medicaid___ VISA/MC___ CHIP___

Name & address of dental insurance company: _____

Policy holder: _____ Policy No.: _____

Medicaid No.: _____

Whom may we thank for referring you here? _____

PLEASE READ:

PAYMENT IS DUE AT TIME SERVICES ARE RENDERED. We do accept VISA and MasterCard

If patient is under 18, the parent requesting treatment assumes responsibility of all charges. _____

As of September 1, 1999, our office will no longer accept insurance assignments for patients. We will submit your insurance so that you may be re-imbursed. **However, full payment is due at the time services are rendered.**

Past due accounts will be placed with a Credit Bureau for collection. I understand that if my account should ever require action by a collection agency or attorney in order to insure payment, the fees charged by these agents will be added to the balance due and unpaid on my account.

I give full consent to Dr. Ramsey E. Wilson, D.M.D., and his staff to render dental care to me/my child and agree that I am ultimately the person responsible for payment of any and all fees incurred.

I hereby acknowledge and agree to accept the policies stated above.

SIGNATURE _____
Parent/Patient

Name _____ Date _____
Last First M. In.

Medical History

		Yes	No
1.	Are you under any medical treatment now?	❑	❑
	If so what for? _____		
2.	Have you ever had Radiation Therapy or Chemotherapy?	❑	❑
3.	Are you allergic to any kind of medication?	❑	❑
	If so, what? _____		
4.	Does any type of jewelry cause skin irritation?	❑	❑
5.	Have you ever or are you now taking medicine for nervous or emotional problems?	❑	❑
6.	If so what?	❑	❑
7.	Have you ever had joint replacement or implant surgery of any kind?	❑	❑
8.	Is so, what surgery was done and when? _____		
9.	(Women) Are you pregnant?.....If so, number of months pregnant: _____		
10.	Have you ever had a problem with bleeding after extractions or surgery?	❑	❑
11.	Do you take aspirins daily?	❑	❑
12.	Do you take any type of blood thinner?.....If so, what? _____		
13.	PLEASE CIRCLE ANY OF THE FOLLOWING THAT YOU NOW HAVE OR HAVE EVER HAD:		

Rheumatic Fever	Diabetes	Epilepsy	Hyperglycemia
Heart Murmur	Tuberculosis (TB)	Shortness of Breath	Hyper Thyroid
Heart Attack	Pacemaker	Fainting Spells	Autism
Angina	Mental/Nervous Disorder	A.I.D.S.	Down Syndrome
High Blood Pressure	Stroke	H.I.V.	ADHD
Asthma	Hepatitis	Hypoglycemia	ADD

14.	Have you ever been told to take Antibiotics before any dental treatment?	❑	❑
15.	Are you in general good health at this time?	❑	❑
16.	Do you have other illness or problems that have not been mentioned here?	❑	❑
17.	Do you use Nitrous Oxide (Laughing Gas)?	❑	❑

List any medications you are taking & for what:

Signature _____ Date _____

UP – DATE of HHQ

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Dr. Ramsey E. Wilson

Insurance Policy

If you have Dental Insurance, we will file it for you as a courtesy. You will be required to pay your deductible and any amount not covered by the insurance company, at the time of each visit. **Insurance companies do not pay for Nitrous Oxide (laughing gas). You will need to pay for this at the time of each visit.** Some insurance companies (example: Delta Dental of Arkansas and BCBS of Ms.) do not pay directly to the dentist. In this case, you will have to pay all charges in full, at the time of treatment. We will file with the insurance company and the insurance company will send payment directly to you.

As of June 21, 2011, our office policies have changed:

If the patient is **15minutes or more late,** be prepared to reschedule your appointment.

After 2 missed appointments, per patient without a 24 hour notice, **ALL** patients will be required to pay a $75 charge for missed appointments before seeing the Dr.

I understand to the best of my knowledge and have read the following policy.

Patient/Guardian:_____ Date:_____

Medicaid/C.H.I.P. Policy

If you have Medicaid/C.H.I.P. we will need the card and social security number for EACH patient and parent/guardian. We also need a valid picture ID of parent/guardian if the patient is a minor child. All patients age 18yrs. and older are required to pay $3.00 co-pay for EACH visit. NITROUS OXIDE (laughing gas) IS NOT COVERED. You will need to pay for this before being treated. If you cannot pay on the date of your appointment, then you will need to reschedule your appointment.

As of June 21, 2011, our office policies have changed:

If the patient is **15minutes or more late,** be prepared to reschedule your appointment.

After 1 missed appointment, per patient without a 24 hour notice, **ALL** patients will be required to pay a $25 charge for missed appointments before seeing the Dr.

After 2 missed appointments, per patient without a 24 hour notice, **ALL** patients are required to pay a $50 charge for missed appointments before seeing the Dr.

After 3 missed appointments, per patient without a 24 hour notice, we will **NO LONGER ACCEPT** your **Medicaid/C.H.I.P.** as payment. Patient will be required to pay cash or credit card for all procedures.

I understand to the best of my knowledge and have read the following policy.

Patient/Guardian:_____ Date:_____

IF YOU DO NOT HAVE INSURANCE

If you do not have Dental Insurance, you will be required to pay for any service at the time service is rendered. If you do not have insurance, please discuss the cost of treatment with Dr. Wilson, his assistant, or the hygienist **BEFORE** any dental work is done; otherwise, you **WILL** be responsible for paying for any work that has to be done.

If the patient is **15minutes or more late,** be prepared to reschedule you appointment.

I understand to the best of my knowledge and have read the following policy.

Patient/Guardian:_____ Date:_____

Dr. Ramsey E. Wilson, DMD

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this Acknowledgement

If Patient is under age 18, this must be signed by parent or legal guardian

I, _____, have received a copy of this office's Notice of Privacy Practices.

_____

Please Print Name (Patient, Parent or Guardian)

_____

Signature (Patient, Parent or Guardian)

_____

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

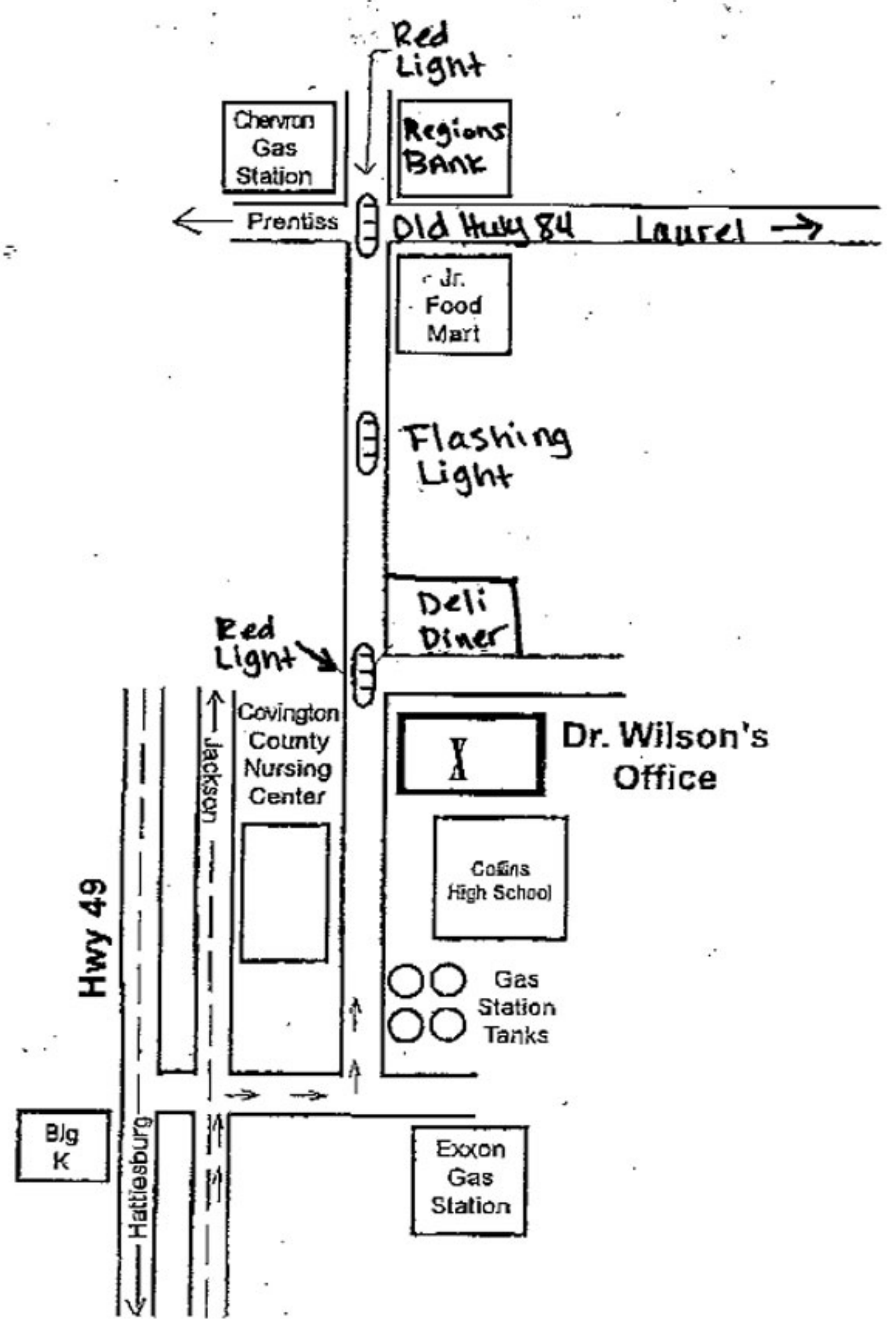
☐ Other (Please specify)

_____

_____

_____

_____


Red Light
Chevron Gas Station
Regions BANK
Prentiss
Old Hwy 84
Laurel
Jr. Food Mart
Flashing Light
Deli Diner
Red Light
Covington County Nursing Center
Jackson
Dr. Wilson's Office
Collins High School
Gas Station Tanks
Hwy 49
Hattiesburg
Bldg K
Exxon Gas Station