129 East 1st Street • Springtown, Texas 76082 • 817-523-4648
dentistryfrontier@gmail.com

Caroline Miller DDS
Hassan Asghar DDS, MS

Patient # _____

Cell # _____ ☐ Voicemail ☐ Text

Soc. Security # _____

Patient Information (CONFIDENTIAL) Date _____

Name _____ Birthdate _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Check Appropriate Box: ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Patient's or Parent's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Spouse or Parent's Name _____ Employer _____ Work Phone _____

If Patient is a Student, Name of School / College _____ City _____ State _____

Whom May We Thank for Referring You? _____

Person to Contact in Case of Emergency _____ Phone _____

Responsible Party

Name of Person Responsible for this Account _____ Relationship to Patient _____

Address _____ Home Phone _____

Driver's License # _____ Birthdate _____ Financial Institution _____

Employer _____ Work Phone _____

Is this Person Currently a Patient in our Office? ☐ Yes ☐ No

Insurance Information

Name of Insured _____ Relationship to Patient _____

Birthdate _____ Social Security # _____ Date Employed _____

Employer _____ Work Phone _____

Address of Employer _____ City _____ State _____ Zip _____

Insurance Company _____ Group # _____ Union or Local # _____

Ins. Co. Address _____ City _____ State _____ Zip _____

How Much is your Deductible? _____ How Much Have You Used? _____ Max. Annual Benefit _____

Frontier Dentistry
FIND YOUR SMILE

Caroline Miller, D.D.S.
Hassan Asghar, D.D.S., M.S.
Family Dentistry

FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you the best possible care available. Our office is **NOT** contracted as a provider for **ANY** insurance company due to the limitations they attach to treatment, regardless of the diagnosis. Our commitment is to you, our patient, not to any insurance company.

Your insurance benefits have been negotiated and purchased by your employer, and offered as a benefit to you. The contract between you, your insurance company and your employer. We are not a party to that contract and do not have any specific information regarding your benefits.

As a courtesy, we will assist you in filing electronic claims to receive the maximum **out-of-network** benefits you are eligible to receive. Because we have no guarantee of payment or specific payment amount from your insurance company, we ask that all of our patients secure financial arrangements prior to their scheduled treatment.

We have several options regarding financial arrangements for treatment:

Payments can be made by major credit card

We will file your insurance and you will be required to pay the estimated portion for the procedure

We accept **Care Credit**

If you have any further questions, please feel free to ask. We are here to assist you.

Signature _____ Date _____

P.O. Box 309 • Springtown, Texas 76082 • (817) 523-4648
dentistryfrontier@gmail.com

Frontier Dentistry
Caroline Miller, DDS
Hassan Asghar, DDS, MS

I Consent and acknowledge the receipt of the privacy practices of the office of Caroline Miller, DDS and Hassan Asghar, DDS, MS

Signed: _____ **Date:** _____

Representative if Minor _____

Witness: _____ **Date:** _____

Caroline Miller, DDS
Hassan Asghar, DDS, MS

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 4-14-03, 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 applicable by 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 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.

TREATMENT: We may use and 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 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 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.

MARKETING HEALTH-RELATED SERVICES: WE WILL NOT USE YOUR HEALTH INFORMATION FOR MARKETING COMMUNICATIONS WITHOUT YOUR WRITTEN AUTHORIZATION.

PERSONS INVOLVED IN CARE: We must disclose your health information to notify, or assist in 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 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 x-rays, or other similar forms of health information.

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.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to any authorized law enforcement officials health information required for lawful intelligence or other security activities.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

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 must make a request in writing to obtain access to your health information.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure or 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.

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.

AMENDMENT: You have the right to request that we amend your health information. Your request must be in writing, and we may deny your request under certain circumstances.

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 violated your privacy rights, or you disagree with a decision we made about access to your health information or in a 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 locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Resources. We support your right to privacy of your health information.

CONTACT OFFICER: Christy Bertschy
TELEPHONE: 817-523-4648 FAX: 817-523-4652
ADDRESS: P.O. Box 309
Springtown, Texas 76082