



ORAL AND FACIAL SURGERY & DENTAL IMPLANT CENTER  
Drs. Parworth, Logan, Hayes, Burgon, Warburton and Consky

## Welcome to our office.

### To Our New Patient:

At Rockcliff Oral Surgery, it is our mission to provide for the betterment of our patients' health and wellbeing, to mutually empower each other through our dedication to excellence in providing the highest quality level of personalized health care, in a comfortable and caring atmosphere, so that all derive value from the experience.

In this office, we specialize in the removal of troublesome third molars (Wisdom Teeth) and other oral surgical procedure. It is this kind of problem that will most likely bring you to us for what may well be your first exposure to surgery. Even though our encounter is usually brief, we try hard to help you understand the nature of this surgery, the risks and possible complications involved and some of the reasons for it.

You will find a **Patient Information and History Sheet, Financial Policy, Surgery Scheduling Policy** and **HIPAA Privacy Notice** enclosed for you to **fill out** and **return to the office PRIOR your appointment date**. Please complete these forms and return in the self-addressed, stamped envelope that is provided for your convenience.

*(Please allow delivery time for the US Postal Service)*

**If you are not able to return your paperwork to our office, PRIOR to your appointment, bring the completed forms with you.**

### **WHAT TO BRING:**

- **COMPLETED NEW PATIENT PAPERWORK:** Enclosed in this packet.
- **INSURANCE:** You are responsible for checking with your employer to determine if your surgery will fall under your Medical or Dental coverage. **Please complete all of the insurance information section on the enclosed form.** This will insure your insurance company will pay maximum benefits. **Be sure to bring your insurance cards and/or completed claim form on the day of your appointment.**
- **STUDENT STATUS:** If the patient is a fulltime student in college and still insured by a parent, proof of student status will be required. Please provide this at the time of service to expedite your claim processing.
- **X-RAYS:** Teeth displaced within the jaw are difficult to examine with conventional dental x-rays; i.e. PA's or Bitewings. We will require the use of a panoramic radiograph (panorex) to insure the proper diagnosis and pre-operative evaluation. This radiograph will provide an overall view of both the upper and lower jaws and the relationship of the teeth to the adjacent nerve and blood vessel canals, as well as to the nasal and sinus cavities. We do accept panorex x-rays taken by your general dentist if they are of acceptable quality and have been taken within a year of your surgery. **If this is not provided on the day of your appointment, we may have to take a current x-ray at our office at our standard fee.**

**EXAM AND CONSULTATION:** Patients under the age of 18 will require a parent or legal guardian to accompany them on the consultation appointment day. The information you have provided will aid the doctors in providing you with the best course of treatment based on your individual medical needs. After examining your x-rays and medical history, they will discuss with you the procedure they will be performing, explain any risks or possible complications and answer any questions you may have. It is our intention to help you understand your surgery and thereby alleviate any pre-operative anxiety you might have.

**SCHEDULING YOUR SURGERY:** All surgeries will require a **Reservation Fee of \$100.00**. The Reservation Fee will be due prior to/at the time of your surgery scheduling. This reservation fee will be applied towards either your quoted **Surgical Deposit** (for patients with dental insurance) or your **Surgical Total** (for private pay patients)

**DAY OF SURGERY:** A limit of 3 (three) people may accompany you on the date of your procedure. **Patients under the age of 18 will require a parent or legal guardian to accompany them on their surgical appointment day.** On that day, they will need to sign the surgical consent form as well as take care of any financial responsibilities as listed in our Financial Policy. If no insurance is involved, the full surgical fee will be due at that time.

**KEEP IN MIND:** We will make every possible effort to confirm your appointment at least 24 hours in advance. If we have not reached you 24 hours prior to your scheduled appointment time please call our office at 828-255-7781 or toll free (800) 527-8030 at least one business day prior to your scheduled appointment. Thank you!

**NO SHOW/CANCELATION FEES:** Our office requires a 24 hour cancellation notice for all surgical visits. Failure to comply with this 24 hour notice will result in a **\$50.00 Cancellation Fee** be charged to your account.

Failure to arrive on your **Scheduled Surgical Date** will result in a **No Show Fee of \$50.00** to be charged to your account. This **No Show Fee/Cancellation Fee** will be deducted from your **Reservation Fee**.

Established patients who No Show for their Consultation or Surgical visits will need to pay for your services prior to being rescheduled.

**LAB FEE:** If for any reason lab or pathology work is required during your treatment, fees for these services are billed separately through the companies providing these services.

Your health and well-being are our primary concern. Our schedulers and surgical assistants will be happy to discuss any questions or concerns you may have about your anticipated treatment.

Sincerely,

The Staff at Rockcliff Oral Surgery