

Affiliated Periodontists of North Jersey, P.A.
 274 State Street
 Hackensack, NJ 07601
 201-489-5155

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Occupation _____

Business Address _____ Phone _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Social Security # _____ - _____ - _____

Marital Status _____ Name of Spouse _____

Spouse's Business Address _____ Phone _____

Closest Relative Name/Phone _____

Referred by _____

In the following questions, please circle yes or no, whichever applies. Your answers are for our records only, and will be considered confidential.

1. A. Are you in good health?.....Y N
 B. Do you smoke?.....Y N
2. Has there been any change in your general health in the last year?.....Y N
3. My last physical examination was on:.....
4. Are you now under the care of a physician?.....Y N
5. The name and address of my doctor is:
6. Have you had any serious illness or operation?.....Y N
7. Have you been hospitalized or had a serious illness in the last 5 years?.....Y N
 If yes, what was the problem:
8. Do you have or have you had any of the following diseases or problems?
 - A. Damaged heart valves or artificial heart valves, including heart murmur.....Y N
 - B. Congenital heart lesions.....Y N
 - C. Cardiovascular disease (heart trouble, heart attack, coronary insufficiency, coronary occlusion, high blood pressure).....Y N
 - a. Do you have chest pain after exertion?Y N
 - b. Are you ever short of breath after mild exercise?.....Y N
 - c. Do your ankles swell?.....Y N
 - d. Do you get short of breath when you lie down, or do you require extra pillows when you sleep?.....Y N

- Do you have a cardiac pacemaker?.....Y N
- D. Allergy.....Y N
 - E. Sinus trouble.....Y N
 - F. Asthma or hay fever.....Y N
 - G. Hives or skin rash.....Y N
 - H. Fainting spells or seizures.....Y N
 - I. Diabetes.....Y N
 1. Do you have to urinate (pass water) more than 6 times a day?.....Y N
 2. Are you thirsty much of the time?.....Y N
 3. Does your mouth often become dry?.....Y N
 - J. Hepatitis, jaundice or liver disease.....Y N
 - K. Arthritis.....Y N
 - L. Inflammatory rheumatism (painful swollen joints).....Y N
 - M. Stomach ulcers.....Y N
 - N. Kidney trouble.....Y N
 - O. Tuberculosis.....Y N
 - P. Do you have a persistent cough or cough up blood.....Y N
 - Q. Low blood pressure.....Y N
 - R. Venereal disease.....Y N
 - S. Epilepsy.....Y N
 - T. Psychiatric problems.....Y N
 - U. Cancer.....Y N
 - V. AIDS or other immunosuppressive disorder.Y N
 - W. Have you ever seen a mental health professional?.....Y N
 - X. Other

9. Have you had abnormal bleeding associated with previous extractions, surgery or trauma?.....Y N
 A. Do you bruise easily?.....Y N
 B. Have you ever required a blood transfusion?.....Y N
 If so, explain the circumstances:
10. Do you have any blood disorder such as anemia?.....Y N
11. Have you had surgery, x-ray or drug treatment for a tumor, growth or other condition of your head or neck?.....Y N
12. Are you taking any drug or medicine?.....Y N
13. Are you taking any of the following:
 A. Antibiotic or sulfa drugs.....Y N
 B. Anticoagulants (blood thinners).....Y N
 C. Medicine for high blood pressure.....Y N
 D. Cortisone (steroids).....Y N
 E. Tranquilizers.....Y N
 F. Antihistamines.....Y N
 G. Aspirin.....Y N
 H. Insulin, tolbutamide (Orinase) or similar.....Y N
 I. Digitalis or drugs for heart trouble.....Y N
 J. Nitroglycerin.....Y N
 K. Oral contraceptive or other hormonal therapy.....Y N
 L. Other.....Y N
14. Are you allergic or do you react adversely to:
 A. Local anesthetics.....Y N
 B. Penicillin or other antibiotics.....Y N
 C. Sulfa drugs.....Y N
 D. Barbiturates, sedatives or sleeping pills.....Y N
 E. Aspirin.....Y N
 F. Iodine.....Y N
 G. Codeine or other narcotics.....Y N
 H. Other
15. Have you had any serious trouble with previous dental treatment?.....Y N
16. Do you have any disease, condition or problem not listed above that you think I should know about?.....Y N
 If so, explain
17. Are you employed in any situation which exposes you regularly to x-rays or other ionizing radiation?.....Y N
18. Are you wearing contact lens?.....Y N
19. Have you had anything to eat or drink in the last 4 hours?.....Y N
20. Are you wearing removable dental appliances?.....Y N

WOMEN

21. Are you pregnant?.....Y N
 22. Do you have any problems associated with your menstrual period?.....Y N
 23. Are you nursing?.....Y N

IT IS IMPERATIVE THAT YOU INFORM US OF ANY MEDICATIONS THAT YOU ARE TAKING, ESPECIALLY ASPIRIN OR BIRTH CONTROL PILLS

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth have been answered to my satisfaction. I will not hold my dentist, or any other member of his/her staff responsible for any errors or omissions that I may have made in the completion of this form. I also understand that I am financially responsible to Affiliated Periodontists of North Jersey, P.A. for all care and services provided to me.

 Signature of patient

 Signature of dentist

DATE _____

Chief Dental Complaint

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Financial Policy

1) Patients are responsible for payment at the completion of each appointment except for the following:

A) Implant Surgery: ½ of the surgical fee is due at the time of surgery and the balance to be paid off by the time of Second Stage Surgery (approx. 3 to 6 months).

B) Other payment arrangements have been made with the financial coordinator prior to the start of treatment.

The fees quoted are in effect for 12 months from the date of initial diagnosis. Prolonged interruption of treatment may necessitate a re-evaluation of the treatment plan and fees.

Appointments

A 72 hour notice is necessary for all surgical cancellations; 24 hours notice is required for all other appointments.

We believe the best professional relationships are based on clear mutual understanding. If you have any questions regarding the information stated, please let us know.

I have read the above information.

Patient Signature _____

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To Our Valued Patient:

The office staff at Affiliated Periodontists is highly efficient in dealing with insurance companies; however, dental insurance has become increasingly complex. The work involved in researching each specific plan has become too overwhelming for us to handle. **Also, at this time, the doctors in our practice are not preferred providers for any dental PPO's or DMO's.**

Please understand that your dental insurance, like any other fringe benefit, is an arrangement between you and your employer. Therefore, prior to your visit with us, please check with your employer or insurance company as to what type of coverage you are entitled to.

Please remember that in most cases, insurance companies do not pay the full cost of treatment and you are responsible for the remaining balance. Any questions that you have regarding your insurance should be directed towards your insurance company or employer. We will be happy to submit your treatment to your insurance company upon payment of the charges.

With your cooperation things will be easier for everyone. We, in turn, will continue to do our best to work with you to help maximize the insurance benefits you are entitled to.

Thank you in advance for your cooperation in this matter.

Sincerely,

The Office Staff

I have read and understand the above.

Signature _____ Date: _____

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YOUR SIGNATURE IS NECESSARY FOR US TO

- 1. PROCESS ALL INSURANCE CLAIMS,**
- 2. TO ENSURE PAYMENT FOR SERVICES RENDERED,**
- 3. TO RELEASE INFORMATION (I.E., X-RAYS, CHARTING, ETC.) TO INSURANCE COMPANIES, AND**
- 4. TO RELEASE INFORMATION TO OTHER PROVIDERS, WHEN NECESSARY, FOR YOUR TREATMENT**

I authorize the release of all information necessary to process my claims, and I authorize the release of this same information, when necessary, to secondary providers (if applicable) rendering care. A photocopy of this assignment is to be considered as valid as the original.

Patient _____ Responsible Party _____
(Parent, if minor)

Witness _____ Date _____

Insurance Information Form **DENTAL**

Please complete the following form.

Your Name: _____

Primary Dental Insurance: _____

(Name of ins. co.)

Address: _____

Phone: _____

Name of Policyholder: _____

Patient's Relationship to Policyholder: _____

Policyholder's Date of Birth: _____

Policyholder's Employer: _____

Address: _____

Phone: _____

Group No. _____

Social Security No. Of Policyholder _____

Secondary Dental Insurance: _____

(Name of ins. co.)

Address: _____

Phone: _____

Name of Policyholder: _____

Patient's Relationship to Policyholder: _____

Policyholder's Date of Birth: _____

Policyholder's Employer: _____

Address: _____

Phone: _____

Group No. _____

Social Security No. Of Policyholder: _____

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Charles L. Berman, DDS – Robert A. Jaffin, DMD – Akshay Kumar, DMD

WE ARE DIAGONALLY ACROSS FROM SIMON SEZ DELI AND TOPS CLEANERS

Route 80 (West): Exit at “Hudson Street-Hackensack-Little Ferry.” Turn left at the light. Stay on Hudson Street which leads you into Main Street (at Courthouse). Follow Main Street to Berry Street (Oritani Bank on left side). Turn left onto Berry and left at next block which is State Street. We are on the left side of the road at the next traffic light (corner of State and Clay).

Route 80 (East): Use “local lanes.” Exit at 63. (Rochelle Park-Route 17). Turn left at top of ramp and proceed to light at Essex Street. Turn right on Essex and follow past construction on left, pass medical center on left, down to courthouse (Main Street). Turn left on Main and follow to Berry Street (Oritani Bank on left). Turn left to State Street, turn left on State to next light (Clay). We are on left corner of State and Clay.

From the Turnpike: Follow the Turnpike North to “Route 80 – Paterson – Dover.” Take Route 80 Local and follow as above (west).

From Route 4 (heading West, from GWB): Exit after Riverside Square Shopping Center, under the overpass (Hackensack Ave.– Hackensack). Continue on Hackensack Avenue (becomes River Street) to Passaic Street (McDonald’s on corner). Turn right on Passaic to the second street which is State Street. Turn left. We are at the second traffic light on the left (corner of State and Clay).

From Route 4 (heading East): Exit at Hackensack Avenue, opposite Riverside Square Shopping Mall, before the overpass. Follow as above.

From the GSP (heading South): Take exit for Route 80 East and follow as above.

From the GSP (heading North): Get off at Exit 160 (Fair Lawn, Hackensack). Bear right onto Passaic Street and follow signs towards Maywood. Continue on Passaic Street into Hackensack, crossing Rochelle Ave., Maywood Ave., Summit Ave. Cross over RR tracks. At the second traffic light after the RR tracks, make a right onto State

Street. We are on the left side of the street at the second traffic light, corner of State and Clay.

From Route 17 (heading South): Get off at Rochelle Avenue-Rochelle Park exit, before the overpass but after Garden State Plaza. Proceed to light at Passaic Street and turn left. Continue as above into Hackensack.

From Route 17 (heading north): Exit at Polifly Road. Continue straight, going under the Hackensack High School “bridge” (becomes First Street). At next traffic light (Central Avenue), turn right. Proceed over RR tracks to next light (Union Street) and turn left. At first corner (Clay Street), turn right. Continue on Clay, across State Street intersection; we are on right corner of State and Clay.