Bethel Kids DENTAL

531 W. Kettleman Lane
Lodi, CA 95240
Tel: 209-400-2018

1660 W. Yosemite Ave. #1
Manteca, CA 95337
Tel: 209-500-1910

3633 Bradshaw Rd. #A
Sacramento, CA 95827
Tel: 916-810-2025

PATIENT INFORMATION

Child's Name: _____ Nickname: _____
DOB: _____/_____/_____ Age: _____ ◯ Male ◯ Female
Address: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Patient: _____
DOB: _____/_____/_____ Email: _____
Home/Cell Phone: _____ 2nd Phone: _____

Parent/Guardian Name: _____ Relationship to Patient: _____
DOB: _____/_____/_____ Email: _____
Home/Cell Phone: _____ 2nd Phone: _____

Insurance Information

Dental Insurance: _____ SSN #/Member ID: _____
Policy Holder's Name/Responsible Party: _____
Employer: _____ Job Title: _____

Secondary Insurance? ◯ Yes ◯ No
Dental Insurance: _____ SSN #/Member ID: _____
Policy Holder's Name/Responsible Party: _____
Employer: _____ Job Title: _____

Designated Adult Information

Name: _____ DL/Valid ID#: _____
Address: _____
Cellphone: _____ Email: _____
Relationship with Patient: _____

Emergency Contact (If parents are not available): _____

Cellphone: _____ Email: _____

- I, the undersigned, hereby authorize the designated adult named above to accompany my minor child during dental appointments at Bethel Kids Dental and provide any necessary verbal or written consents regarding dental procedures, treatments, or decisions on my behalf.
- This authorization grants the designated adult the ability to accompany the minor child to dental appointments, discuss treatment plans, and make decisions if required.
- The designated adult authorized to sign consent for any dental procedures or treatment decisions during the appointment without prior consultation with me, the legal guardian.

This authorization will be valid for dental appointments until revoked in writing.

Parent/Guardian Signature: _____ **Date:** _____

Bethel Kids DENTAL

531 W. Kettleman Lane
Lodi, CA 95240
Tel: 209-400-2018

1660 W. Yosemite Ave. #1
Manteca, CA 95337
Tel: 209-500-1910

3633 Bradshaw Rd. #A
Sacramento, CA 95827
Tel: 916-810-2025

HEALTH HISTORY FORM

Dental History

◯Yes ◯No Has your child ever been to the dentist? Date of last cleaning & x-rays (if taken) _____
◯Yes ◯No Has your child experienced any unfavorable reaction from previous dental care? If yes, please explain: _____
◯Yes ◯No Does your child suck a finger, thumb, or pacifier (please circle)? If yes, when? _____
◯Yes ◯No Does your child go to bed with a bottle or sippy cup? If yes, what is in it? _____
◯Yes ◯No Does your child snack frequently? What are their favorite snack foods? _____
◯Yes ◯No Has your child had local anesthetic? If yes, were there any problems? _____
◯Yes ◯No Has your child ever been sedated for dental treatment? If yes were there any problems? _____
◯Yes ◯No Have your child's teeth ever been injured? Which teeth: _____
◯Yes ◯No Has your child or anyone in your immediate family ever had a cold sore or other mouth ulcer? Please describe: _____
◯Yes ◯No Does your child use a fluoride toothpaste?
◯Yes ◯No Does your child begin to smoke cigarettes or use any tobacco products?

Please check if your child is having problems with any of the following:

◯Cavities ◯Color of Teeth ◯Grinding of Teeth ◯Gum Infections ◯Jaw Sounds
◯Mouth Breathing ◯Orthodontics ◯Sensitive Teeth ◯Trauma ◯Toothache
Other: _____

Medical History

Child's Physician/Pediatrician: _____ Phone: _____
◯Yes ◯No Is your child in good health? Date of last physical exam: _____
◯Yes ◯No Has your child ever had a health problem? _____
◯Yes ◯No Has your child ever been hospitalized, had general anesthesia, or emergency room visits? Please explain: _____
◯Yes ◯No Is your child currently taking any medications? Please give medication, dose, and reason: _____
◯Yes ◯No Is your child allergic to any medications? Any food? If yes, please list what medication and/or food: _____
◯Yes ◯No Are your child's immunizations current?
◯Yes ◯No Have you ever been told that your child needs to take antibiotics before dental treatment?

Please check if your child has been treated for any of the following:

◯Abuse ◯Cancers/Tumors ◯Heart Murmurs ◯Sickle Cell Disease
◯ADHD ◯Cerebral Palsy ◯Hepatitis ◯Significant Injuries
◯Adverse Drug Reaction ◯Congenital Birth Defect ◯HIV/AIDS ◯Snoring
◯Anemia ◯Diabetes ◯Liver/GI Disease ◯Speech/Hearing Issues
◯Asthma/Breathing Problems ◯Endocrine/Growth Problems ◯Mental Delays ◯Spina Bifida
◯Autism ◯Eyesight Problems ◯Personality Problems ◯Tonsil Problems
◯Blood Transfusion ◯Frequent Infections ◯Recurrent Headaches ◯Tuberculosis
◯Blood Disorders ◯Heart Disease ◯Seizures
Other: _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my child's health. It is my responsibility to inform the dental office of any changes in my child's medical status.

Patient Name: _____ **DOB:** _____

Parent/Guardian Signature: _____ **Date:** _____

Bethel Kids DENTAL

531 W. Kettleman Lane
Lodi, CA 95240
Tel: 209-400-2018

1660 W. Yosemite Ave. #1
Manteca, CA 95337
Tel: 209-500-1910

3633 Bradshaw Rd. #A
Sacramento, CA 95827
Tel: 916-810-2025

BETHEL KIDS DENTAL OFFICE POLICIES

Parent/Guardian Policy

At Bethel Kids Dental, a legally responsible parent or guardian must be present for all dental appointments. If someone other than the parent or legal guardian accompanies your child, a signed parental authorization/consent form must be on file. If this requirement is not met, we reserve the right to reschedule the appointment.

Parents or guardians must remain on the premises during their child's dental exam or treatment. Leaving the child unattended in the office or arranging for pickup via a ride-sharing service is strictly prohibited. Unaccompanied children will only be released to the parent or legal guardian on file.

If a child is left unattended, the office will not assume responsibility for their supervision, and the parent/guardian waives all liabilities for any incidents occurring in their absence. If a parent or guardian is unreachable after multiple contact attempts, the office will notify the appropriate local authorities for further instructions.

Appointment Cancellations & No-Shows

When you schedule an appointment, we reserve a treatment room, prepare your child's records, and set up specialized instruments. To ensure efficient scheduling and availability for other patients, we ask that you provide at least 24 hours' notice if you need to reschedule or cancel an appointment.

Repeated missed appointments without proper notice (maximum of three no-shows) may result in loss of future appointment privileges. If you anticipate difficulty keeping an appointment, please call us in advance at (209) 400-2018, and we will gladly reschedule to a more convenient time.

Requesting a New or Replacement BIC Card (For Medi-Cal Dental Insurance)

If you have lost your Benefit Identification Card (BIC), did not receive it, or received a card with incorrect information, you can request a new one through your local county social services office.

For San Joaquin County, you can request a replacement BIC by contacting the BIC Issuance Desk at (209) 468-1328.

For Sacramento County, you can contact the BIC Issuance Desk at (916) 874-2072.

HIPAA Notice of Privacy Practices – Acknowledgment, Consent, and Authorization

I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices. I understand and consent to the use of my child's medical information in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

I authorize Bethel Kids Dental to disclose my child's dental records to practitioners involved in their care and to any authorized parties I designate.

Dental Materials Fact Sheet

I acknowledge that I have received a copy of the Dental Materials Fact Sheet (May 2004) and understand the information provided.

Patient Name: _____ **DOB:** _____

Parent/Guardian Signature: _____ **Date:** _____

Bethel Kids DENTAL

531 W. Kettleman Lane
Lodi, CA 95240
Tel: 209-400-2018

1660 W. Yosemite Ave. #1
Manteca, CA 95337
Tel: 209-500-1910

3633 Bradshaw Rd. #A
Sacramento, CA 95827
Tel: 916-810-2025

INFORMED CONSENT FOR DENTAL EXAMINATION

We are committed to providing the highest standard of dental care for your child. Please read the following consent carefully and acknowledge your agreement by signing below.

Examinations, X-Rays, Dental Cleaning (Prophylaxis), and Fluoride Treatment

Regular dental exams, necessary radiographs (X-rays), and fluoride treatments are essential for maintaining optimal oral health. The frequency of X-rays depends on your child's oral hygiene and risk of cavities.

- I understand and consent that my child will receive a dental examination by one of our dentists. I acknowledge that X-rays may be taken as part of a thorough and comprehensive examination to assess my child's oral health.
- I authorize Bethel Kids Dental to clean my child's teeth, including the removal of plaque, tartar, and surface stains, to help maintain oral health and prevent cavities and gum disease.
- I understand that fluoride is a preventive treatment used to strengthen tooth enamel and reduce the risk of cavities. Although adverse reactions are rare, excessive ingestion of fluoride may cause temporary nausea.

Drugs and Medications

I understand that antibiotics, analgesics, and topical compounds may be prescribed or administered as necessary for my child's dental treatment. I acknowledge that medications can cause allergic reactions, including but not limited to redness, swelling, itching, rash, vomiting, and, in rare cases, anaphylactic shock.

I affirm that I have informed the dentist, to the best of my knowledge, of any allergies or adverse reactions my child has experienced with medications.

Medical Photography Consent

I consent to digital photographs and X-ray images of my child being taken for documentation in their dental records, for diagnosis and treatment planning, and for submission to insurance providers as needed.

Optional Photography Consent

◯ I consent ◯ I do not consent to my child's photo being taken and displayed within the office for contests, bulletin boards, or educational purposes and to my child's photo being shared online for promotional purposes, including but not limited to the office website, blog, social media platforms (Facebook, Instagram, Yelp, etc.).

Potential Risks and Limitations

I understand that, as with any dental procedure, there are potential risks involved, including but not limited to:

- Temporary tooth sensitivity or discomfort after cleaning or fluoride application.
- Possible gagging or discomfort during X-rays.
- Allergic reactions or side effects from medications or topical treatments.
- The need for additional dental procedures if issues are detected during the examination.

Parent/Guardian Responsibilities

- I agree to provide accurate and updated medical and contact information for my child.
- I understand that it is my responsibility to follow home care recommendations and schedule follow-up visits as needed.
- I acknowledge that failure to address dental issues in a timely manner may lead to more serious oral health problems requiring extensive treatment.

Authorization and Release

I have read and understand the above consent form. I confirm that the information I have provided is accurate to the best of my knowledge. I authorize Bethel Kids Dental to perform the necessary dental procedures for my child, including but not limited to examinations, X-rays, cleanings, and fluoride treatments.

I understand that I have the right to ask questions and receive additional information regarding my child's dental care.

Patient Name: _____ DOB: _____

Parent/Guardian Signature: _____ Date: _____

Bethel Kids DENTAL

531 W. Kettleman Lane
Lodi, CA 95240
Tel: 209-400-2018

1660 W. Yosemite Ave. #1
Manteca, CA 95337
Tel: 209-500-1910

3633 Bradshaw Rd. #A
Sacramento, CA 95827
Tel: 916-810-2025

FINANCIAL POLICY

We are committed to providing the highest quality dental care for your child and making your experience as smooth as possible. This policy explains your financial responsibilities. By signing, you agree to the terms outlined below.

---

1. Insurance Coverage & General Responsibilities

- Your dental insurance (including Medi-Cal) is a contract between you and your insurance provider; Bethel Kids Dental is not a party to this contract.
- We will submit claims to your insurance or Medi-Cal as a courtesy; however, payment is not guaranteed.
- You are responsible for any charges not covered by your plan, including deductibles, co-payments, co-insurance, non-covered services, and denied claims.
- If your insurance/Medi-Cal does not respond within 30 days, you are responsible for the remaining balance.
- Notify us immediately of any changes in insurance coverage or eligibility.

2. Payment Responsibilities

- Any balance remaining after insurance/Medi-Cal payment is due upon receipt of your statement.
- Co-payments are due at the time of service.
- Deductibles (if applicable) must be paid before or at the time of service.
- For non-covered services, payment in full is due at the time of treatment.
- If coverage is uncertain, please discuss potential out-of-pocket costs before treatment.

3. Medi-Cal–Specific Policies

- We are contracted with Medi-Cal to provide dental services, but not all treatments may be covered.
- You are responsible for keeping your child's Medi-Cal eligibility and Benefit Identification Card (BIC) up to date.
- A valid BIC must be on file; without it, you are responsible for any unpaid fees.
  San Joaquin County: Call (209) 468-1328 for a replacement.
  Sacramento County: Call (916) 874-2072 for a replacement.
- If Medi-Cal denies a claim or the service is not covered, you are responsible for payment.

4. Non-Covered Services

- Some treatments may not be covered by your plan.
- You will be informed in advance if a service is not covered and will be responsible for payment.

5. Missed Appointments

- Please provide at least 24 hours' notice for cancellations.
- Missed or late-cancelled appointments may result in a fee and could affect your ability to schedule future appointments.

6. Financial Assistance

- If you are unable to pay your balance, please speak with our staff.
- Payment plans may be available for certain procedures.

7. Payment Methods

We accept: Cash, Credit card (Visa, MasterCard, American Express, Discover), Debit card, and Check

8. HIPAA Compliance

We protect your child's health information in accordance with HIPAA regulations. You consent to its use and disclosure for treatment and claims processing.

9. Assignment of Benefits

By signing, you:

- Assign all insurance/Medi-Cal benefits directly to Bethel Kids Dental for services provided.
- Authorize release of necessary information to process claims.
- Accept responsibility for all charges not covered by your plan.

Acknowledgment:

I have read, understood, and agree to the Bethel Kids Dental Financial Policy, including the applicable Medi-Cal or private insurance terms.

Patient's Name: _____ **DOB:** _____

Parent/Guardian Name & Signature: _____ **Date:** _____