WELCOME

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us – we will be happy to help.

1. Personal Information

Date ______________________________

Birthdate ____________ SS# ______________ Email ______________

Name ______________________________

Wish to be called ______________________________

☐ Male ☐ Female ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Address ______________________________

City ______________ State ______________ Zip ______________

Employer ______________________ Occupation ______________

Referred by ______________________________

2. Responsible Party

Who is responsible for the account?

Name ______________________________

Relationship to patient ______________________________

Birthdate ______________________ Driver's License # ______________

SS# ______________________ Email ______________

Address ______________________________

City ______________ State ______________ Zip ______________

Employer ______________________ Occupation ______________

Work Phone ______________________ Ext. # ______________

Home Phone ______________________ Cell Phone ______________

3. Telephone

Home Phone ______________ Work Phone ______________ Ext. # ________

Cell Phone ______________________________

Where do you prefer to receive calls? ☐ Home ☐ Work ☐ Cell

In the event of an emergency, whom should we contact?

Name ______________________ Relationship ______________

Work # ______________________ Home # ______________

4. Dental Insurance Information

Primary Insurance	**Secondary Insurance**
Name of Insured ______	Name of Insured ______
Relationship to Patient ______	Relationship to Patient ______
Insured's Birthday ______	Insured's Birthday ______
SS# ______	SS# ______
Employer ______	Employer ______
Date Employed ______	Date Employed ______
Occupation ______	Occupation ______
Insurance Company ______	Insurance Company ______
Group # ______	Group # ______
Policy/ID. # ______	Policy/ID. # ______
Ins. Co. Address ______	Ins. Co. Address ______
Ins. Co. Phone # ______	Ins. Co. Phone # ______

5. Authorization and Release

I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payors and/or other health practitioners.

I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X ______________________________

Signature of patient or parent/guardian if minor   Date

6. Financial Arrangements

For your convenience, we offer the following methods of payment:

PAYMENT IN FULL AT EACH APPOINTMENT.
Please check the option which you prefer.

_______Cash

_______Personal Check

_______Credit Card (Visa, MC, Discover, AmExp)

_______I wish to discuss the dental office's policy.

LATE CHARGES

If you do not pay the entire new balance within 25 days of the monthly billing date, a late charge of 1.5% on the balance then unpaid and owed will be assessed each month (if allowed by law). I realize that failure to keep this account current may result in your being unable to provide additional dental services except for dental emergencies or where there is prepayment for additional services. In the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount of any future outstanding account balances.

Thank you for filling out this form completely.

The information you have provided will help us serve your dental healthcare needs more effectively and efficiently.
If you have any questions at anytime, please ask – we are always happy to help.