



Date: _____

Patient Information

Last Name: _____ First Name: _____ M.I. _____

Gender: M F Family Status: _____ Birth Date: _____ SSN: _____

Phone (Home): _____ Phone (Work): _____ Ext: _____ Cell: _____

Address: _____ Apt.#: _____ City: _____ State: _____ Zip: _____

Email: _____ Employer: _____

How would you prefer to be contacted: Home Work Mobile Email

Whom may we thank for referring you to our practice? _____

Insurance Information

Name of Insured: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____

Dental Insurance: _____ Address: _____

City: _____ State: _____ Zip: _____ Employer: _____

Group Number: _____ ID Number: _____

Commitment to Appointment Policy – We reserve time for each patient in our practice and rarely do we ever keep our patients waiting. An appointment written in our schedule with your name on it is a bond of trust that we will be here to serve you and that you will be present for that appointment. **We require at least 48 hours advance notice for all changes in schedule. Failure to provide such notice will result in a change of schedule fee to be billed to your account.** Your signature below indicates that we have mutual respect for each other's time.

Signature of patient, parent or guardian Date: _____

Payment Policy - I understand and acknowledge that I am financially responsible for the services provided for myself or for the above named, regardless of insurance coverage. I allow the use of my credit / debit card on file for all charges whether or not paid by my insurance company, within 60 days of any unpaid balance. I acknowledge that payment in full is due at the time of treatment unless other arrangements are contracted in advance. All unpaid balances over 60 days are subject to 18% finance charge. The finance charge will be a periodic rate of 1.5% per month which is an annual percentage rate of 18%.

Signature of patient, parent or guardian Date: _____

Account Number: _____ Expiration Date: _____

VISA Mastercard Amex Discover _____
Signature