

# WELCOME

Thank you for selecting us for your dental needs.

To help us meet all your healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us and we will be happy to help.

## Patient Information (Confidential)

TODAY'S DATE \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Home Ph # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_  Minor  Married  Single  Separated  Divorced  Widowed

Employer \_\_\_\_\_ Wk # \_\_\_\_\_

May we contact you at work? Yes  No  E-mail address \_\_\_\_\_

Person to Contact in Case of Emergency \_\_\_\_\_ Ph # \_\_\_\_\_

Whom May we Thank for Referring You? \_\_\_\_\_

## Responsible Party - Insurance Information

Name of Insured Person \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Ph # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Wk # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Ph # \_\_\_\_\_ Group # \_\_\_\_\_

Do you have any other Dental Insurance? Yes  No

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

If your insurance does not pay within 90 days of filing you will be responsible for the total bill. We will provide you with a dental claim form in order for you to file and get reimbursed by your insurance company.

Please Initial \_\_\_\_\_

We use **MERCURY FREE FILLINGS** in this office. Most insurance companies only pay 80% of mercury fillings on posterior teeth. The patient is responsible for the difference in cost.

Please Initial \_\_\_\_\_

If you make an appointment with us and fail to keep it without calling us to cancel at least 24 hours in advance, (we understand emergencies do happen) there will be a \$25.00 charge per ½ hour time allotted, payable before you will be seen again. Your insurance will not pay for this. This applies to all patients.

Please Initial \_\_\_\_\_