

**Patient Information**

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First MI

Male  Female  Married  Single  Child Spouse's Name: \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.

City State Zip Code

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

**Policies (Please read carefully)**

Our dental office has chosen to **not** take assignment of insurance benefit. We are instead requesting that the insurance company send the benefit check directly to you. Therefore, in consideration of the professional services that are rendered, we ask that patients pay the charges in full at the time of treatment. As a courtesy, we will provide you with a completed American Dental Association insurance form at each visit for you to mail. Usually, the patient will receive the benefit check within 30 days and all balances are paid. We will be available to assist you in any way should questions or problems arise with your claim. Thank you in advance for your assistance.

For most non-routine treatments, our office will provide you with a written treatment plan prior to treatment. This treatment plan will list possible treatments as well as the fee estimates for these treatments. These fee estimates/proposals can only be extended for a period of six (6) months from the date of the treatment plan.

If you are unable to keep an appointment for any reason, please notify our office at least **24** hours in advance so that we may have enough time to reappoint. If broken appointments repeatedly occur, it may be necessary to charge a broken appointment fee of **\$40**. Thank you for your understanding.

***I have read the above policies, understand them, and agree with their content.***

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Patient/Parent/Guardian

