

PATIENT REGISTRATION INFORMATION FORM

Patient Name _____ Today's Date _____

Birth Date _____

Parent /Guardian/Responsible Party if necessary _____

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone# _____

Cell Phone # _____ **e-mail** _____

Social Security # _____ Driver's License # or State ID _____

Employed by _____ Do you have dental insurance? _____

Name of your carrier _____ ID # _____

If you are married, spouse name _____ Birth Date _____

Does your spouse have dental insurance? Yes ___ No ___ Insurance Co. name _____

***How did you hear about us? - Website/Phone Book/Other Patient/Internet/Other _____

If student, name the School/College _____

To the best of my knowledge, all answers given are correct. If I have any changes in my health status, or if my medications change, I shall inform the dentist and staff at the next appointment.

I understand that I am responsible for payment of my dental services, regardless of insurance. I understand that non-payment of my charges may result in actions in collections, or small claims court, and re-charge of any courtesies given. I also understand I'm responsible for any collection costs, including actual attorney fees. I understand that a monthly billing fee will be added to each statement cycle.

I understand that any dental appointment I may schedule is very important to keep, if I need to cancel my appointment I must give a cancellation notice of at least 48 hours. I understand that I will be charged a \$50 fee for any missed appointments without 48 hours notice.

***Patient/ parent/ or guardian signature: _____

Please READ this : To best serve your needs, we honor dental insurance carriers, BUT – YOU are responsible for full resolution of your dental treatment charges.

Due to the number of insurance carriers and the large number of individual policies within each carrier, it is YOUR responsibility to KNOW YOUR COVERAGE AND BENEFITS. Most plans have deductibles and co-pays, and we may be an in or out-of-network provider, so it is important for you to be informed as to what your individual policy covers. We can only ESTIMATE what your insurance benefits may be.

If you are in doubt about your coverage responsibilities, please contact your insurance carrier or your employers Human Resources directly.

***Responsible financial party signature : _____