PATIENT INFORMATION

DATE: _____

Name: _____ ☐ Married ☐ Single ☐ Male ☐ Female
LAST FIRST MI

Address: _____
STREET APT. # CITY STATE ZIP

Birth Date: _____ Telephone: _____
CELL HOME/WORK

Place of Employment: _____ SS# _____

If Student, School Name: _____ Grade: _____

Dental Insurance Co: _____ Group # _____

Has any member of your family ever been treated in our office? ☐ Yes ☐ No

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

FAMILY INFORMATION

HUSBAND (or Father)	WIFE (or Mother)
LAST FIRST MI	LAST FIRST MI
STREET CITY STATE ZIP	STREET CITY STATE ZIP
HOME TELEPHONE # WORK #	HOME TELEPHONE # WORK #
BIRTH DATE (MO/DAY/YEAR) SS#	BIRTH DATE (MO/DAY/YEAR) SS#
EMPLOYER	EMPLOYER
DENTAL INSURANCE CO. GROUP #	DENTAL INSURANCE CO. GROUP #

EMERGENCY CONTACT

Name: _____

Telephone # _____

PERSON RESPONSIBLE FOR ACCOUNT

☐ Patient ☐ Husband (or Father)

☐ Guardian ☐ Wife (or Mother)

AUTHORIZATION

I hereby authorize payment directly to the Dental Office of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize the Dental Office to administer such medication and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the dental/medical histories are correct to the best of my knowledge. I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third party payers and/or other health professionals.

Signature of patient or parent/guardian

Date State Driver's License #

METHOD OF PAYMENT

☐ Payment in full at each appointment (cash or check)

☐ Payment in full at each appointment (☐ Visa ☐ MC)

SERVICE CHARGE

If I do not pay the entire new balance within 25 days of the monthly billing date, a service charge will be added to the account for the current monthly billing period. The service charge will be a periodic rate of 1.5% per month (or a minimum charge of $3.00 for balances less than $200) which is an annual percentage rate of 18% applied to the last month's balance. In cases of default payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.