Patient Information

First Name: _____ Last Name: _____ Middle Initial: _____
Preferred Name: _____
Address: _____
City, State, Zip: _____
Preferred Phone Number: _____ Work Phone: _____Ext: _____
Cell Phone Number: _____ Email: _____
Sex: _____ Birth Date: _____ Social Security Number: _____
Marital Status: Single: ____ Married: ____ Divorced: ____ Separated: ____ Widowed: ____
Whom may we thank for referring you? _____

Emergency Contact

First Name: _____ Last Name: _____
Preferred Phone Number: _____

Responsible Party

First Name: _____ Last Name: _____ Middle Initial: _____
Address: _____
City, State, Zip: _____
Preferred Phone Number: _____ Work Phone: _____Ext: _____
Cell Phone Number: _____ Email: _____
Sex: _____ Birth Date: _____ Social Security Number: _____
Employer: _____ Phone Number: _____
Business Address: _____

Insurance **A copy of your insurance card and photo ID is required! **

Subscriber Name: _____ Birth Date: _____ Social Security Number: _____
Relationship to Patient: Self: ___ Spouse: ___ Child: ___ Other: ___
Employer: _____ Phone Number: _____
Business Address: _____
Insurance Co: _____ Group #: _____ Policy #: _____
Ins. Co. Address: _____ City: _____
State/ Zip: _____

All bills are considered the responsibility of the patient/guardian and payments are due the day of service unless other arrangements have been made. If you have insurance, we will send to insurance first and bill you for the remaining balance. Fees not covered by insurance are due 30 days after insurance settlement with primary carrier.
Regardless of what we might calculate as your dental insurance benefits in dollars, we must stress the fact that you the patient are responsible for the TOTAL cost of your dental treatment. As a courtesy to you, we will make estimates of cost based upon available information furnished by you. Special arrangements may be made for extensive or unusual treatments. Accounts delinquent will be sent to collections and any collection costs or attorney fees incurred will be charged to the patient.

Signature: _____ Date: _____