

Patient Information

(Please Print)

Name _____ Preferred Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

Birthdate _____ Social Security Number _____

E-mail address _____

Check appropriate: () Child () Single () Married () Divorced () Widowed () Separated

Employer: _____ Business Phone Number _____

Business Address _____ City _____ State _____ Zip _____

Responsible Party

Name of person responsible for this account _____

Relationship to patient _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Birthdate _____

Employer: _____ Business Phone Number _____

Business Address _____ City _____ State _____ Zip _____

Person to contact in case of an emergency _____ Phone _____

Whom may we thank for referring you? _____

Dental Insurance Information

Name of Insured _____ Relationship to Patient _____

Birthdate _____ Social Security number _____ Insurance ID number _____

Name of Employer _____ Work phone _____

Insurance Company _____ Group number _____

Do you have any additional Dental Insurance? () Yes () No If yes, complete the following:

Name of Insured _____ Relationship to Patient _____

Birthdate _____ Social Security number _____ Insurance ID number _____

Name of Employer _____ Work phone _____

Insurance Company _____ Group number _____

I UNDERSTAND THAT PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED.

Payment in full (less insurance benefits expected) will receive a 5% discount with cash or checks, not with credit cards. Credit arrangements must be made prior to work being done. Any balance unpaid after 30 days will include a service fee of 1.5% per month. I authorize credit institutions to provide information to the Tooth Emporium, Inc. about credit history. The Tooth Emporium, Inc. will process your insurance claims for you.

Signature _____ Date _____

HIPPA - I acknowledge that I have been given the opportunity to read this office's Notice of Privacy Practices.

Signature _____ Date _____