



## Patient Registration Form

Welcome to our dental office! Thank you for selecting our dental healthcare team to serve you. Prior to receiving dental care at our office, we need to receive this form completed in ink and to the best of your knowledge, including your signature on the back of this form. If you have any questions, please do not hesitate to ask us for assistance.

PATIENT'S NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PATIENT'S ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
Street

PATIENT'S MARITAL STATUS [ ] Single [ ] Married Spouse's Name \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
City State Zip

PATIENT'S BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ GENDER [ ] Male [ ] Female PATIENT'S SOCIAL SECURITY # \_\_\_\_\_

PATIENT'S EMPLOYER \_\_\_\_\_ PATIENT'S OCCUPATION \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
Street Address City State Zip

PATIENT'S RELATIONSHIP TO PERSON PRIMARILY RESPONSIBLE FOR PAYMENT [ ] SELF [ ] SPOUSE [ ] CHILD [ ] Dependent

Who may we thank for REFERRING you? [ ] Drive-by [ ] another Patient \_\_\_\_\_ [ ] Mailer [ ] Local Paper \_\_\_\_\_ [ ] Other \_\_\_\_\_

FAMILY MEMBERS WHO ARE ALSO OUR PATIENTS \_\_\_\_\_  
Name Relationship to you

Name Relationship to you Name Relationship to you

EMERGENCY CONTACT NOT LIVING AT THE PATIENT'S ADDRESS (a local friend or relative) \_\_\_\_\_

CONTACT'S PHONE NUMBERS \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

### PRIMARY RESPONSIBLE PARTY TO PAY FOR PATIENT'S DENTAL SERVICES & TO RECEIVE BILLING STATEMENTS

NAME \_\_\_\_\_ RELATIONSHIP TO PATIENT [ ] SELF OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ MARITAL STATUS [ ] Single [ ] Married GENDER [ ] Male [ ] Female

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

City State Zip SOCIAL SECURITY # \_\_\_\_\_

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
Street Address City State Zip

### DENTAL INSURANCE INFORMATION (if applicable)

INSURANCE COMPANY \_\_\_\_\_ 2<sup>ND</sup>ARY INSURANCE CO. \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ PHONE \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

City State Zip City State Zip

SUBSCRIBER'S NAME \_\_\_\_\_ SUBSCRIBER'S NAME \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Subscriber's Birthdate \_\_\_\_\_ Subscriber's Social Security Number \_\_\_\_\_  
Subscriber's Birthdate Subscriber's Social Security Number

GROUP NUMBER \_\_\_\_\_ Subscriber's ID Number \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_ Subscriber's ID Number \_\_\_\_\_

PATIENT'S RELATIONSHIP TO SUBSCRIBER [ ] Self [ ] Spouse [ ] Child [ ] Dependent RELATIONSHIP TO SUBSCRIBER [ ] Self [ ] Spouse [ ] Child [ ] Dependent

SUBSCRIBER'S EMPLOYER \_\_\_\_\_ SUBSCRIBER'S EMPLOYER \_\_\_\_\_

SUBSCRIBER'S EMPLOYER'S ADDRESS \_\_\_\_\_ SUBSCRIBER'S EMPLOYER'S ADDRESS \_\_\_\_\_

\*\*\*\*\*PLEASE CONTINUE AND COMPLETE THE OTHER SIDE OF THIS REGISTRATION FORM → → →

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**FINANCIAL POLICY**

**PAYMENT TYPE OPTIONS**

Our mission is to deliver gentle dentistry through the finest and most cost effective healthcare treatment available today. Following your diagnosis the doctor will advise you of our intended plan for treatment. Additionally, we will discuss with you the cost of your treatment and future treatments.

**Payment for your dental treatment is due at the time of treatment.** We understand that some patients may not be able to (or may not desire to) pay cash for their treatment. Therefore, we offer several different payment types for your convenience to pay for your treatment:

- 1) Cash or check
- 2) Visa or MasterCard
- 3) CareCredit financing (if approved by CareCredit) – If interested, please ask for an application.

**MISSED APPOINTMENT FEES, INTEREST & LATE CHARGES, NSF CHECK FEES**

**I acknowledge that a \$75 charge will be assessed for each hour of a missed appointment not cancelled at least 24 hours in advance.** I also acknowledge that a late charge of 1.0% per month, at a rate of 12% per year, with a minimum charge of \$1.00 per month, will be charged on all unpaid account balances that are 30 days past due. I also acknowledge that a \$25 charge will be assessed for any "NSF" checks (i.e., checks not paid by my bank due to non-sufficient funds or for "stop payment"). I realize that failure to keep my account current in payment will result in this office being unable to provide me additional dental services. In the case of this account being sent to a collection agency for a past due balance, I agree to pay all collection agency costs, reasonable attorneys fees, and legal expenses incurred to collect such past due balance.

**AUTHORIZATION, RELEASE, AND ACKNOWLEDGEMENT OF FINANCIAL POLICY**

1. I authorize your office to release any information related to my dental treatment, including any diagnosis and records or x-rays of any treatment or examination rendered to me during the period of such dental care, to any third party payors, insurance companies, and/or other health and dental practitioners.
2. I authorize and request my insurance company, if any, to pay directly to your office the insurance benefits otherwise payable to me. I understand that your office is providing a courtesy to me by allowing me to assign my insurance benefits to your dental office, and that your office may terminate this courtesy at any time.
3. I understand that my dental insurance company and/or my primary responsible party may pay less than the actual bill for services. I agree to be solely responsible for full payment of all services rendered on my behalf or on behalf of my dependents should for any reason my insurance company and/or my primary responsible party fail to pay or pay less than full for such services.
4. I acknowledge that I have reviewed your office's Financial Policy.

X \_\_\_\_\_  
Signature of Patient (or Signature of Parent/Guardian if a minor patient)

\_\_\_\_\_  
Date

THANK YOU for filling out this form completely and reviewing our above office policies. The information you have provided will help us serve you dental healthcare needs more effectively and efficiently. If you have any questions at anytime, please ask us. We are always happy to help.