



**New Patient Information 2018**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Ms. Mrs. Mr. Dr. \_\_\_\_ Last First MI. Suffix

Birth date: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
For KASPER Report Inquires

Home address: \_\_\_\_\_  
Street Address Apartment/Condo Number City State Zip

\*Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Home phone: \_\_\_\_\_

\*How do you prefer to be reminded of your appointments?  Email  Text Messaging  Mobile  Home  Work

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

Other family members seen by us: \_\_\_\_\_

Previous/Present Dentist: \_\_\_\_\_ Last Visit Date: \_\_\_\_\_ Last Full Mouth X-rays \_\_\_\_\_

**In case of an emergency, who shall we notify other than your spouse?**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Person Responsible for the Account:  Same as above. If different, please complete the following.**

Spouse / Parent / Guardian: \_\_\_\_\_  
(Circle one) Ms Mrs. Mr. Dr. Last First MI.

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Home phone: \_\_\_\_\_

Billing address: \_\_\_\_\_  
Street Address Apartment/Condo Number City State Zip

Relationship to Patient: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**DENTAL THIRD-PARTY PAYERS**

Primary Dental Third-Party Payer

Secondary Dental Third-Party Payer

Insurance Co. Name: \_\_\_\_\_

\_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

\_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_

\_\_\_\_\_

Group Number: \_\_\_\_\_

\_\_\_\_\_

Member's Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_

Member's Birth date: \_\_\_\_\_

Member's Identification Number: \_\_\_\_\_

Insured's Employer:  Same as above. \_\_\_\_\_

Insured's Address:  Same as above. \_\_\_\_\_

**\*\* Our office asks for the courtesy of at least a 48 hours-notice for missing, canceling or rescheduling your appointment. \*\***

## Financial Options For Your Oral Therapy

We would like to thank you again for choosing our office for your oral health care and dental needs. Dental treatment is an excellent investment in an individual's medical, aesthetic and psychological well-being. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care. We are always available to answer your questions and/or assist you in any way we can.

**We accept cash, personal checks, or credit cards (MasterCard, Visa and Discover Card).** As a courtesy, we accept third-party payment for routine preventive care (exams, cleanings and radiographs). Some third-party payers, such as Delta Dental, will not mail payment to our office because we have not contracted with them. We ask those patients who have these payers to pay at the time of service for preventive care.

**For our patients with a third-party payer commonly called “dental insurance”:** The insurance relationship constitutes an agreement between the carrier and you, the patient. As such, we can make no guarantee of estimated allowance or third-party payment. However, we are happy to assist you in filing the necessary forms for your claims. Please know that we will do everything possible to see that you receive the full allowance from your third party payer, as outlined in the policy you or your employer has chosen.

### Financing Options

1 **With application and approval we offer financing through CareCredit®**

- a **Interest-Free “Same As Cash” Credit Line:** Monthly payments (up to 6 months) interest free, up to \$25,000.
- b **Extended Payment Plan:** For treatment plans \$1000 and up; 24-48 months duration; no down payment required; no pre-payment penalty.

Thank you for reading Financial Options and Financing Options. Please let us know if you have any questions or concerns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Patient (or Responsible Party)*

**Our office asks for the courtesy of at least a 48 hours-notice for missing, canceling or rescheduling an appointment.**