

**Adult** Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

E-Mail \_\_\_\_\_

Sex \_\_\_\_\_ Marital Status (please circle one) Married Single Divorced Widowed

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Holder's Employer \_\_\_\_\_

*May not be your name*

Insured's SS#(if not Self) \_\_\_\_\_ Insurance Co. Name \_\_\_\_\_

Plan or Group Number \_\_\_\_\_ Rate / Rank \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ (If insured is not SELF) Date of Birth \_\_\_\_\_

**Secondary Insurance Information (if applicable)**

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

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

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

Plan or Group Number \_\_\_\_\_ Insurance Co. Phone # \_\_\_\_\_

**NOTE: MAKE SURE TO READ CAREFULLY**

*Before treatment can be rendered, adequate digital radiographs of the teeth must be taken. We will provide the best explanation of treatment to be rendered before treatment is started, so that you are aware of what procedures are going to be completed.*

*We do require 24 hours notice if you are unable to keep an appointment. You will be given one occurrence before you're charged a missed appointment fee of \$25.00. If there is a third occurrence you will be asked to seek services elsewhere.*

*Unless otherwise arranged with a written financial agreement, payment for professional service is required on the day the treatment is rendered.*

*I consent to performance of any and all procedures, and the use of any and all drugs that are agreed to be necessary or advisable. I also agree to accept full responsibility for the payment of all fees associated with those procedures and all costs incurred in the collection of those fees, including billing charges, 18% interest on overdue accounts and attorney fees. The above information is accurate and all terms are acceptable to me.*

Signed \_\_\_\_\_ Date \_\_\_\_\_