

PATIENT INFORMATION

Date _____

Patient's Name _____
Last First Middle

How would you like to be addressed (nickname) _____ Male Female

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Age _____ Birthdate _____

Parent or Guardian _____

Address if different _____ City _____ State _____ Zip Code _____

Parent employed by _____ Work phone _____

Child's School _____ Grade _____ Hobby/Sports _____

Other family members treated in our office _____

REFERRAL INFORMATION

Whom may we thank for referring you to our office?

- Another patient, friend Another patient, relative Dental office Yellow pages Work School Other

Name of person or office referring you to our practice _____

RESPONSIBLE PARTY

If parent or guardian is not financially responsible for professional services, please indicate who is responsible.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Telephone _____

I acknowledge responsibility for payment of dental services rendered to above named patient, including any amount not paid by insurance company (if any). If for any reason the account should become delinquent, I agree to pay for all collection and legal fees.

Signature of responsible party _____ Date _____

INSURANCE INFORMATION

Primary Carrier

Secondary Carrier

Subscribers (employee) name _____

Relationship to patient _____

Birthdate / Social Security No. _____ / _____

Employer _____

Insurance Company _____

Group or Policy Number _____

I authorize release of any information regarding dental treatment of above named patient and payment directly to Fishers Family Dentistry of the insurance benefits otherwise payable to me.

Signature of Insured Person _____ Date _____

For office services, we ask that you pay as you go. We will be happy to file a claim with your insurance company for your reimbursement. When we do extend your credit, you will receive a statement each month. We file insurance claims promptly and any payments from your insurance company are usually received within 30 to 45 days. When any part of your balance becomes 60 days old, a service charge of 1.5% per month (18% per year) may be added.

STAFF NOTES _____

CHILD REGISTRATION

MED ALERT