

PATIENT INFORMATION

CONFIDENTIAL

DATE _____

(PLEASE PRINT)

NAME _____ BIRTHDATE _____ HOME # _____

CELL # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHECK APPROPRIATE BOX: MINOR SINGLE MARRIED DIVORCED WIDOWED SEPARATED

PATIENT'S EMPLOYER _____ WORK PHONE _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPOUSE OR PARENT'S NAME _____ EMPLOYER _____ WORK PHONE _____

IF PATIENT IS A STUDENT, NAME OF SCHOOL / COLLEGE _____ CITY _____ STATE _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY _____ PHONE _____

WOULD YOU LIKE TO RECEIVE OUR PERIODIC NEWSLETTER, BROCHURE AND MONTHLY SPECIALS BY EMAIL?

EMAIL ADDRESS: _____

RESPONSIBLE PARTY

NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT _____ RELATIONSHIP TO PATIENT _____

ADDRESS _____ HOME PHONE _____

DRIVER'S LICENSE # _____ BIRTHDATE _____ FINANCIAL INSTITUTION _____

EMPLOYER _____ WORK PHONE _____

IS THIS PERSON CURRENTLY A PATIENT IN OUR OFFICE? YES NO

INSURANCE INFORMATION

NAME OF INSURED _____ RELATIONSHIP TO PATIENT _____

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____ DATE EMPLOYED _____

NAME OF EMPLOYER _____ WORK PHONE _____

ADDRESS OF EMPLOYER _____ CITY _____ STATE _____ ZIP _____

INSURANCE COMPANY _____ GROUP # _____ UNION OR LOCAL # _____

INS. CO. ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW MUCH IS YOUR DEDUCTIBLE? _____ HOW MUCH HAVE YOU USED? _____ MAX. ANNUAL BENEFIT? _____

NAME OF INSURED _____ RELATIONSHIP TO PATIENT _____

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____ DATE EMPLOYED _____

NAME OF EMPLOYER _____ WORK PHONE _____

ADDRESS OF EMPLOYER _____ CITY _____ STATE _____ ZIP _____

INSURANCE COMPANY _____ GROUP # _____ UNION OR LOCAL # _____

INS. CO. ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW MUCH IS YOUR DEDUCTIBLE? _____ HOW MUCH HAVE YOU USED? _____ MAX. ANNUAL BENEFIT? _____

X _____

SIGNATURE OF PATIENT OR PARENT IF MINOR

PLEASE NOTE: IF A MINOR, PATIENT WILL NOT BE SEEN WITHOUT A PARENT OR LEGAL GUARDIAN PRESENT.

**PLEASE READ
REVERSE SIDE**

Our office will accept cash and personal checks for the payment of services. Payment/estimated co-payment is due at the time of service unless you qualify for one of the exceptions below:

For your convenience we have arranged the following options for payment of your account:

INSURANCE ASSIGNMENT: Our office employs a full-time staff member to help you file your insurance claims. We do this as a courtesy to you. Whether the insurance company pays your claim or not is between you and your insurance company. We will make every effort to assist you in the filing of your insurance claims based on the information you provide to our office at the time of each visit. You are required to pay your estimated co-payment at the time of service. It is your responsibility to notify us of any plan information or change regarding your insurance plan. If the insurance company has not paid your claim within 60 days from the date your charges are incurred, you will be responsible to pay your balance including any applicable finance charges in full and then let your insurance company reimburse you directly. ****See below for options to finance your co-payment or unpaid insurance balance.**

While payment is pending, a monthly finance charge of approximately 1.8% will be incurred. This charge will only apply if your insurance company does not pay your claim within 60 days. ***If payment is made within 60 days, we are happy to reverse the finance charge.***

Please read if you are receiving services covered by Medicaid:

No patient will be seen without a current, valid Texas Medicaid card showing dental eligibility for date of service. TEMPORARY MEDICAID CARDS ARE NOT ACCEPTED IN OUR OFFICE.

CREDIT/DEBIT CARDS: We accept all major credit cards, including Mastercard, Visa, American Express, Discover and bank debit cards.

*****If you would like to receive your services, but pay for them later, we also accept the CareCredit Credit Card. This plan offers up to 6 months same as cash. An application is required, and acceptance is based on your credit rating.***

Do not receive services until you have read and understood all the terms above and completed and signed the back of this form. By completing and signing the back of this form you agree to comply with our financial policy and accept financial responsibility for anyone listed on this form. You also verify that all information provided by you is true and correct.