

Bridgetower Dental

Thomas Cox, DDS PA

PATIENT INFORMATION

Male _____ Female _____

Patient Name _____
First Middle Initial Last

Date of Birth _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Email address _____

Parent Name _____
First Middle Initial Last

(If patient is a minor, 18 years of age or younger)

RESPONSIBLE PARTY INFORMATION

Name _____
First Middle Initial Last

Date of Birth _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Business Address _____ Phone _____

Spouse Name _____ Phone _____

Date of Birth _____ Social Security # _____

Employer _____ Occupation _____

Business Address _____ Phone _____

Whom may we thank for your referral?

PRIMARY INSURANCE

Subscriber Name _____
First Middle Initial Last

Subscriber ID # _____

Insurance Company Name _____

Phone # _____ Patient relationship to insured _____

SECONDARY INSURANCE

Subscriber Name _____
First Middle Initial Last

Subscriber ID # _____

Insurance Company Name _____

Phone # _____ Patient relationship to insured _____

I authorize the insurance company indicated on this form to pay to the dentist all insurance benefits directly. I authorize the use of this signature and all information necessary to secure the payment of benefits on all insurance submissions.

I acknowledge Bridgetower Dental's Notice of Privacy Practices.

My medical history, as disclosed and discussed with Bridgetower Dental, will be used to help determine appropriate and healthful dental treatment. If there is any change in my medical status, I will inform the dentist or his representative of any changes.

I accept all financial responsibilities and expenses related to my account for collection purposes and understand further that payment is due in full at time of treatment, unless prior arrangements have been approved. I understand that I am financially responsible for all charges whether or not paid by insurance. My account is due and payable 60 days from the time the services are performed regardless of my insurance benefits unless financial arrangements have been authorized through Bridgetower Dental.

I understand that Bridgetower Dental has a "No Show" policy that if appointment changes or failures are made with less than 24-hour notice I may receive a \$50.00 charge.

Signature

Date