

Family Dental Patient Registration

PATIENT'S NAME _____
BIRTH DATE _____ MARRIED SINGLE CHILD
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONES: HOME _____ WORK _____ CELL _____
E-MAIL _____ PREFERRED METHOD OF CONTACT _____
CAN WE USE TEXT MESSAGING TO CONFIRM YOUR APPOINTMENTS VIA YOUR CELL PHONE? ___ YES ___ NO
HOW DID YOU HEAR ABOUT US _____
EMERGENCY CONTACT _____ PHONE _____
Person responsible for this account _____ Relationship _____
Address (if different from above) _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Social Security number _____

PRIMARY INSURANCE INFORMATION

Name of Policy Holder _____ Relationship to patient _____
Policy Holder Birthdate _____ Policy Holders Insurance ID _____
Employer _____ Work Phone _____
Insurance Company _____ Group # _____
Insurance Co Address _____ City _____
State _____ ZIP _____ Insurance Co. Phone Number: _____
Insurance Type: Regular PPO
How much is your deductible? _____ Annual Maximum _____ Remaining _____

Please bring your insurance card at your first visit.

I also understand that a 1.5% finance charge (18% annually) will be added to any balance over 60 days. Any balance over 90 days will be considered in default. In the event of default, I promise to pay legal interest on the indebtedness, together with such collection cost and reasonable attorney fees as may be required to effect collection of this debt. In the event of a returned check an additional amount of \$25 for processing charges will be applied.

Family Dental will endeavor to schedule an appointment time that is convenient for you. It is just as important that you keep the appointment that has been reserved exclusively for you. There is no charge for any broken or changed appointment provided 24 hours notice is given. If two appointments are missed within any 12 month period, Family Dental reserves the right to dismiss the patient from our practice. I authorize and direct payment of any dental benefits otherwise payable to me directly to Dr. John Szydelko.

Patient (Parent) _____ Date _____