PATIENT INFORMATION

DATE _____ Chart # _____

Patient's Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Birthdate _____ Soc. Sec. # _____

Cell Phone _____ Marital Status _____

Employer _____ Work Phone _____ Years Employed _____

RESPONSIBLE PARTY INFORMATION

Name _____
Last First Middle

Residence _____
Street City State Zip

Mailing Address _____
Street City State Zip

Soc. Sec. # _____ Birthdate _____ Relationship to Patient _____

Employer _____ Work Phone _____ Years Employed _____

Spouse's Name _____ Relationship to Patient _____

Employer _____ Work Phone _____ Years Employed _____

Soc. Sec. # _____ Birthdate _____

Do you have Dental Insurance? Y N Second Insurance? Y N See Card

Emergency Information

Name of nearest relative not living with you _____

Phone: _____

PAYMENT OPTIONS FOR OUR PATIENTS

As a courtesy to our patients, we will file all insurance claims. Most insurance policies do not cover 100% of the treatment fee. Most policies have deductibles and pre-determined co-pays or remaining percentages due at the time of services rendered. Unless certain arrangements are made by our financial advisor, all payments are due at this time. To avoid misunderstanding with accounts, if the insurance has not paid in 90 days, the balance becomes your responsibility. We do not send out monthly statements on a regular basis, due to volume of practice. We will send one final statement after the insurance sends payment on claim or 90 days.

The fee for handling a non-sufficient funds (NSF) check is $20. Any delinquent accounts are subject to collection fee of 33 1/3% and attorney's fee.

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Bay Periodontics & Implant Dentistry to furnish information to insurance carriers concerning my treatment and I do hereby assign to the dentist(s) all payments for dental services rendered to myself or my dependent. I agree to be responsible for payment of all services ren-dered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made.

Signature of Responsible Party _____ **Date** _____