Patient Information

Full Name: _____ Date: _____

Last First M.I.

Date of Birth: _____ ○ Married ○ Single ○ Minor ○ Male ○ Female

Address: _____

City, State, Zip: _____

Telephone: _____ _____ _____

Home Work Cell

Place of Employment: _____ SS#: _____

If full time student, school name: _____ Year: _____

Dental Insurance Co.: _____ Group #: _____

Has any member of your family ever been treated in our office? ○ Yes ○ No

Whom may we thank for referring you to our office? _____

Family Information

○ Father **(or)** ○ Husband	○ Mother **(or)** ○ Wife
ODL#	ODL#
Last First M.I.	Last First M.I.
Street City State	Street City State
Zip	Zip
Home telephone # Work telephone #	Home telephone # Work telephone #
Birth Date (Month/ Day/ Year) SS#	Birth Date (Month/ Day/ Year) SS#
Employer	Employer
Dental insurance Co. Group #	Dental insurance Co. Group #

Person to contact in Case of Emergency

Outside of Immediate Family/Household

Name: _____ Telephone: _____

Address: _____

City, State, Zip: _____

Authorization

I hereby authorize payment directly to Stones Family Dental of the insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment.

I acknowledge and understand the Office Financial Policy. I understand there is a finance charge assessed in the amount of 18% annually or 1.5% per month for account balances over 90 days past due. I agree to pay a $5 billing fee for each month my balance remains outstanding and statements are generated.

I agree to give at least a 48 hour notice if I am unable to keep a scheduled appointment. I understand failure to do so will result in a $60.00 missed or broken appointment charge.

X_____

□ Adult Patient □ Parent □ Guardian

Person Responsible for Account

Please check one:

○ Patient ○ Spouse ○ Guardian
○ Father ○ Mother

Method of Payment

Responsible party currently has an account with this office.

○ Yes ○ No

☐ Payment in full at each appointment (cash or check)

☐ Payment in full at each appointment (□VISA □MasterCard)

☐ I wish to discuss the Office Financial Policy