

## PATIENT INFORMATION FORM

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name \_\_\_\_\_ Age \_\_\_\_\_  
SSN \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Marital Status M S D W  
City/State Zip \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Phone \_\_\_\_\_ Spouse/Parent \_\_\_\_\_  
Physician \_\_\_\_\_  
Nearest Relative not living with you \_\_\_\_\_ Phone \_\_\_\_\_  
Nearest Friend not living with you \_\_\_\_\_ Phone \_\_\_\_\_  
In case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Whom may we thank for referring you to us? \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### BILLING INFORMATION

Person responsible for your bill \_\_\_\_\_  
Relationship \_\_\_\_\_ Address \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Financial Optional Available Are:

1. Full Payment by cash, check, Visa or Mastercard on the date of service.
2. Estimated Insurance Co-payment on the date of service payable by cash, check, Visa or Mastercard.
3. Prosthesis payable one-half (1/2) on beginning of treatment and balance on try-in.
4. All prosthesis must be paid in full prior to date of delivery.
5. We do not routinely bill.
6. A 2% interest charge will be added monthly to accounts 90 days past due.

Returned checks will be subject to a \$25.00 fee.

A \$25.00 charge may also be made for broken appointments and appointments cancelled without 24 hours advance notice.

I will be paying today be CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

I understand and agree that (regardless of my insurance status) I am responsible for the balance on my account for any professional services rendered. I have read all the information on both sides of this sheet and have completed the above answers. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (of minor) \_\_\_\_\_ Date \_\_\_\_\_