



Cosmetic & Family Dentistry
your smile is our passion

This Information is confidential and private.

Last Name _____ First Name _____ MI _____ SSN _____
Address _____ Apt# _____ City _____ State _____ Zip Code _____
Cell Phone _____ Home Phone _____ Work Phone _____ Date of Birth _____
Employed by _____ Occupation _____
Employer Address _____ Work Phone _____
Emergency Contact(name) _____ Phone Number _____
Do You Have Dental Insurance? Yes ___ No ___ (Please Provide all information to front desk)
How Did You Hear About This Office? Flyer _____ Insurance Referral List _____
Friend _____ Medicaid _____ Univision Add _____ Internet _____ Walk In _____
When Was Your Last Dental Visit? _____ Reason For Today's Visit _____

Financial Information

- 1.Fees are due and payable upon completion of each visit unless other written arrangements are made in advance.
- 2.If you have dental insurance,We will file the claim for you,You are responsible for the patient's portion. Be reminded that the insurance coverage is not guaranteed.
- 3.There will be \$2.00 billing charges for every monthly statement,after the first balance letter.
- 4 .There is a \$3.00 per month billing charge for over due account by 30 days or more
- 5.A charge for each returned check would be \$25.00.
- 6.A \$25.00 Charge per one –half hour will be made for broken appointments unless 24Hr notice is given
- 7.Collection charges,including court costs,plus reasonable attorney fees,will be added to delinquent accounts.The collection charge will be at least 35% of your total balance.
- 8.Please feel free to discuss with us your dental treatment and financial concerns.
- 9.If you insurance company do not pay within 6 months you are fully responsible for the remaining balance.

I hereby understand and grant authority to administer any treatment or anesthetics and to perform such as operations of procedures maybe deemed necessary or advisable in my diagnosis and treatment, Registration for medical or dental questions have been understood and answered to the best of my

Signature _____ Witness _____ Date _____