

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Facebook Y/N Twitter Y/N \_\_\_\_\_

Best ways to contact: \_\_\_\_\_

Employer: \_\_\_\_\_

Dental Benefit Plan (Primary): \_\_\_\_\_

Dental Benefit Plan (Secondary): \_\_\_\_\_

SPOUSE INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

FINANCIAL AGREEMENT

Payment for dental treatment is expected on the day of service with cash, check or credit card.

For our patients with dental insurance, we will be happy to file your completed claim with your insurance provider, requesting that your benefit be sent to you directly.

I have read and understand the above information and agree to payment in full on date of treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date