



## **Welcome to Our Practice!**

We are committed to providing exceptional dental care to our patients in a compassionate, professional environment. The following information is provided to introduce you to our practice philosophy and policies.

### **Appointments**

Appointments are scheduled so we can provide the most efficient care in a relaxed setting. We make every effort to honor time commitments and we appreciate patients extending us the same courtesy. Patients are reminded of their appointments 2-3 days in advance by email, text, or phone. Patients are kindly asked to confirm their appointment at least 1 business day prior to their appointment through the reminder method employed.

### **New Patient Appointments**

We reserve 60 minutes for each new adult patient visit and 30-45 minutes for each new child visit. This allows time for us to listen to patient concerns and to properly diagnose and develop appropriate treatment plans.

### **Continuing Care**

Our practice is focused on prevention and maintaining optimum oral health. We recommend comprehensive treatment and continuing care on an appropriate recall schedule.

### **Children and Adolescents**

We are happy to start seeing children at the age of one. A parent is welcome to accompany their children in the operatories.

### **Cancellations and Missed Appointments Policy**

We require 1 business day advance notice of a cancellation. Patients who do not provide notice of a cancellation or who do not present for a scheduled appointment may be charged a fee. Patients who fail to present for a second appointment without advanced notice may be dismissed from the practice.

### **Payment Policy**

Payment for treatment is due and payable the day services are rendered. It is our goal, however, to assist all of our patients in obtaining the dental treatment they deserve. As a result, we offer several payment options, including cash, check, credit card, and third-party financing. For patients with dental insurance, we will file the appropriate claim forms.

**Patient Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

How did you first hear about our office? \_\_\_\_\_

**Employment Information**

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

City, State, Zip: \_\_\_\_\_

**Person Responsible for Account**

Name of responsible party (If self, just write "SELF" on first line): \_\_\_\_\_

Relationship to patient (Circle): Spouse Parent Other: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact Information**

What is the best way to communicate with you? Home Phone Mobile Phone Text

In the event of an emergency, whom should we contact? \_\_\_\_\_

Relationship \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

**Insurance Information (Primary)**

Name of Insured: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

ID #: \_\_\_\_\_

**Insurance Information (Secondary)**

Name of Insured: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

ID #: \_\_\_\_\_