

Silver Lake Dental

NEW PATIENT INFORMATION FORM

LAST NAME: _____ TITLE: _____ FIRST NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

DOB: ____ / ____ / ____ MARITAL STATUS: _____ SEX: _____

EMPLOYER NAME AND ADDRESS: _____

PRIMARY INSURANCE COVERAGE

SUBSCRIBER NAME AND ADDRESS: _____

RELATION TO PATIENT: _____ SS#: ____ - ____ - ____ DOB: ____ / ____ / ____

EMPLOYER NAME AND ADDRESS: _____

INSURANCE COMPANY NAME AND ADDRESS: _____

GROUP #: _____ FAMILY YRLY DEDUCT: _____ INDIV YRLY DEDUCT: _____

SECONDARY INSURANCE COVERAGE

SUBSCRIBER NAME AND ADDRESS: _____

RELATION TO PATIENT: _____ SS#: ____ - ____ - ____ DOB: ____ / ____ / ____

EMPLOYER NAME AND ADDRESS: _____

INSURANCE COMPANY NAME AND ADDRESS: _____

GROUP #: _____ FAMILY YRLY DEDUCT: _____ INDIV YRLY DEDUCT: _____

RESPONSIBLE PARTY FOR PATIENT:

*I understand that I am financially responsible for any treatment performed, whether or not I have dental insurance. **There is a monthly finance charge of 1% on balances that are over 90 days old.** I authorize release of information related to treatment necessary to process insurance claims. I authorize payment of insurance benefits, otherwise payable to me, directly to Silver Lake Dental.*

Name and Address: _____

Signature: _____

Please write any additional insurance information on the back of this form - Thank You!

CONTACT SHEET

At Silver Lake Dental we believe that good overall health starts with a healthy mouth. We will *reserve* appointment time to allow us to care for you as best we can whether it is a re-care appointment with the hygienist or an appointment with the doctor.

In these busy times it can be difficult to remember all of your appointments and obligations. In addition to the calendar stick-on card you receive upon booking your appointment, you will receive a reminder postcard as well as a reminder call to *two* of your preferred phone numbers. Or, we can contact you by e-mail in addition to the phone call.

We would like your permission to contact you by phone (and/or e-mail) to remind you of your very important appointments with us.

Please provide us with the following numbers. PLEASE CIRCLE THE BEST NUMBER TO REACH YOU.

1. _____ (HOME)
2. _____ (WORK) (are you able to take
calls at work? Y / N)
3. _____ (CELL)
4. _____ (E-MAIL)
5. _____ EMERGENCY CONTACT #
Name and relationship

A fee will be charged for appointments that are missed or cancelled with less than 48 hours notice. Please try to keep your scheduled appointments.

SIGNATURE: _____ **Date:** _____

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