

Patient Information

Last Name				First Name				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Home Address											
City				State				Zip			
Home Number				Cell Number				Work Number			
Social Security Number				Birth Date				Email Address			
Emergency Contact Name						Phone Number					

Referring Dentist

Dr.

Insurance

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Other											
Insurance Company						Phone Number					
Subscriber's Name				Subscriber's Social Security Number				Subscriber's Birth Date			
Group Number						Insurance ID Number					
Insurance Address											
Employer's Name											

Payment Policy

We will file primary insurance claim for our patients for consultation as well as treatment. However, insurance coverage is a contract between the patient and the insurance company.

The ultimate responsibility for payment is with the patient. Insurance companies frequently reimburse at a lower rate than we estimate. When this occurs, the patient is responsible for the "after insurance" balance.

If you have dental insurance, please plan on paying your estimated co-payment at the time of service. Default account is handled where the account holder bears and agrees to pay any collection fees, attorney fees, bank fees and any costs associated with court proceedings.

We accept cash, checks, Visa, MasterCard, Discover and American Express. CareCredit, a third party financing is available that can help pay for treatments and procedures.

You can obtain a copy of our privacy policy by asking the front office personnel.

I authorize release of any information, including diagnosis and records of any examination or treatment rendered to me, to third party payers and/or other health practitioners. I also acknowledge the full understanding of financial policy of Eid Dental Clinic.

Date:

Signature