



WELCOME

Please complete the following information as accurately as possible. Don't hesitate to ask if you need assistance.

1. Patient's Personal Information

Full Name _____
 Name you prefer to be called _____
 Please check: Male Female
 Single Married Separated Divorced Widowed
 Address _____
 City _____ State _____ Zip Code _____
 Birthdate _____
 Social Security # _____
 Employer _____
 Spouse's Name _____
 Spouse's Employer _____
If the patient is under age 18:
 Name of person responsible for child _____
 Address _____
 City _____ State _____ Zip Code _____
 Relationship: Parent Grandparent Guardian
 Foster Parent Other _____

2. Insurance Information

If the patient has dental insurance, who is the insurance policy holder? _____
 Policy Holder's Birthdate _____
 Policy Holder's SS# _____
 Policy Holder's Employer _____
 Name of Dental Insurance Co. _____
 Group # _____ Phone # _____
 (info can be found on insurance card)
 Name of Secondary Insurance Co. _____
 Name of Secondary Policy Holder _____
 Policy Holder's Birthdate _____
 Policy Holder's SS# _____
 Policy Holder's Employer _____
 Group # _____ Phone # _____
 I authorize payment to Maryville Family Dentistry
 Signature _____ Date _____
 Whom may we thank for referring you to us?

3. Phone Numbers

Home _____ Work _____ Cell / Pager _____
 Best time and place to reach you _____ E-mail address _____
 Is it okay to call you at work? Yes No
 Emergency Contact numbers
 Name of Contact _____ Home _____ Work / Cell _____
 Please indicate the best way to contact you during business hours in case we need to reschedule your appointment due to an emergency. We will make every effort to contact you as early as possible.

4. Financial Arrangements

In an effort to keep our fees as low as possible, any payments due will be collected on the day of service. We have several payment options available, but arrangements must be made before services are rendered. If you need to know payment amounts in advance, please ask front desk. We are happy to file insurance claims for most insurance carriers, but an estimated co-payment may still be required. Statements will only be issued in the event insurance leaves an outstanding balance beyond what was estimated. The patient is solely responsible for any balances left by insurance. If the patient is a minor, the person signing this form is responsible for all balances, regardless of any court orders.

X
 Signature of Patient or Guardian of Minor _____ Date _____



Thank you for choosing Maryville Family Dentistry as your neighborhood dental office. We are committed to providing you and your family with **"The Best Dental Experience."** Please take a few moments to familiarize yourself with some of our patient treatment policies.

Payment Policy

In an effort to keep our fees as low as possible, any payments due will be collected on the day of service. We have several payment options available, but arrangements must be made before services are rendered. If you need to know payment amounts in advance, please ask the front desk. We are happy to file insurance claims for most insurance carriers, but an estimated co-payment may still be required. Statements will only be issued in the event insurance leaves an outstanding balance beyond what was estimated. If the patient is a minor, the person signing this form is responsible for all balances, regardless of any court orders.

Insurance Claims

Our staff will gladly file most insurance claims for you. However, dental insurance is a contract agreed upon by you, or your employer and the insurance company. Any estimate of patient co-payments for treatment is only an estimate, because the insurance company will only determine benefits once an actual claim is received. We can submit pre-treatment estimates to your insurance company upon request to allow for a more accurate calculation of your benefits, but note it may take up to 60 days to receive an answer from them. Your treatment here is based upon the philosophy of Maryville Family Dentistry and not what insurance will cover so please ask the staff if you have any questions about coverage.

Appointments

An appointment is a special time reserved just for you. This time allows the dentist to provide the quality care required for your treatment. We are committed to starting treatment within 10 minutes of your appointment time, so please be on time. Because this time is so important, we require 24-hour advance notification on cancellation of appointments. This will allow the doctor to continue treatment on a patient already scheduled or treat another patient waiting for an earlier appointment. Failure to notify the staff on the cancellation of an appointment, or failure to show for appointments will result in a missed appointment fee being charged.

Treatment

Due to OSHA regulations and concerns for the privacy of other patients, only the scheduled patient can be present in the operatory unless otherwise authorized by the doctor. With respect to children, the doctor uses the child's initial check up visit to determine acceptance of further treatment. If parents insist of accompanying the child on the initial check up, it is understood that he/she may be referred to a specialists for further treatment.

X

Signature of Patient or Guardian of Minor

Date