

WELCOME TO A GENTLE DENTAL CENTER!

Patient Information

Name _____
Address _____
City _____ State _____ Zip _____
Home# _____ Work# _____ Cell# _____
Email _____ Sex M F Age _____ Birth Date _____
Single Married Widowed Separated Divorced
Patient Employed By (Name of Business) _____
Whom may we thank for referring you? _____
In case of an emergency who should we notify? _____ Phone _____
Person Responsible for Account _____

Primary Insurance Information

Subscriber Name _____ Birth Date _____
Social Security Number or I.D. # _____ Group # _____
Insurance Company _____ Insurance Co. Phone # _____

Secondary Insurance Information

Is there any other insurance coverage? Yes No
If yes, Subscriber Name _____ Birth Date _____
Social Security Number or I.D. # _____ Group # _____
Insurance Company _____ Insurance Co. Phone # _____

Assignment and Release

I, the undersigned, have insurance and assign directly to A Gentle Dental Center all benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance, I hereby authorize A Gentle Dental Center to release all information necessary to secure the payment of benefits, I authorize the use of this signature on all my insurance submissions whether manual or electronic.

Date _____ Signature _____

Minor/Child Consent

I, being the parent or guardian of _____ do hereby request and authorize the dental staff to perform necessary dental services for my child, including but not limited to X-rays, and administration of anesthetics which are deemed advisable by the Doctor, whether or not I am present at the actual appointment when the treatment is rendered.

Date _____ Signature _____

Financial Agreement

I acknowledge that payment is due at the time of treatment, unless other arrangements are made. I agree that parents/guardians are responsible for all fees and services rendered for treatment of a minor, I accept full responsibility for all charges not covered by insurance.

Date _____ Signature _____