PATIENT INFORMATION SHEET

PATIENT

Name: _____ Sex: M F Marital Status: S M D W Date of Birth: _____

Mailing Address: _____ City: _____ Zip: _____

SS #: _____ Home or Cell Phone: _____ Work Phone: _____

Email: _____ Employer: _____ Occupation: _____

Whom may we thank for referring you? _____

Name of General Dentist: _____City: _____ How Long? _____

Name of Physician: _____ City: _____ How Long? _____

PERSON RESPONSIBLE FOR ACCOUNT

Name: _____ Relationship: _____ Phone: _____

Billing Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

DENTAL INSURANCE INFORMATION

Primary	**Secondary**
Subscriber Name: _____	Subscriber Name: _____
Subscriber Date of Birth: _____	Subscriber Date of Birth: _____
Employer: _____	Employer: _____
Insurance Co.: _____	Insurance Co.: _____
Soc Sec # or ID # _____	Soc Sec. # or ID # _____
Group #: _____	Group #: _____

Payment is due in full at time of treatment unless prior arrangements have been approved.

POLICY OF THE OFFICE

Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC, and the ADA.

APPOINTMENTS

So that we can maintain the operation of our office on sound principles and to assure you and other patients of uninterrupted treatment, it is necessary for all patients to accept and adhere to a definite arrangement of appointments. Once you have made an appointment, remember this time is reserved for you. THEREFORE APPOINTMENTS THAT ARE CANCELLED WILL NOT BE CHARGED IF 24-HOURS NOTICE IS GIVEN.

INSURANCE

I hereby authorize, Ronald J. Levine, DMD, to furnish the insured's insurance company all information and that said insurance company may request concerning my present illness. I hereby assign to Ronald J. Levine, DMD all money to which I am entitled for dental expense relative to the services performed, but not to exceed my indebtedness. I understand I am financially responsible to Ronald J. Levine, DMD for charges not covered by this assignment.

Signature: _____ Date: _____