NEW PATIENT INFORMATION

Patient's Legal Name_____

Parent/Guardian _____**E-Mail:** _____
Address _____City _____ State _____ Zip_____
Phone Numbers: Home: (_____)_____ Mobile/Cell: (_____)_____

Insured's Employer_____
Employer Address _____
Social Security # _____ Driver's License (State and #) _____

Emergency Contact (Other than yourself)

Name: _____Relationship_____ Phone: (_____)_____
Address _____City _____ State _____Zip_____

Insurance Information

MEDICAL	DENTAL
Insurance Co._____	Insurance Co. _____
Address _____	Address_____
_____	_____
Phone #: (_____)_____	Phone #: (_____)_____
Insured Party Name_____	Insured Party Name_____
S.S. # _____DOB_____	S.S. #_____DOB_____
Group #_____Name_____	Group #_____Name_____

Fees & Payments

Payment is expected at the time services are rendered. A pre-determination of your insurance benefits and coverage will be obtained by this office prior to treatment; however, this is based upon information received from your insurance company and this is NOT A GUARANTEE of payment. **It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid by, or denied by, your insurance company.**

I hereby authorize the release of information necessary to process the claim(s). I authorize the use of this signature on all of my insurance claims, manual or electronic. I further authorize payment to The Smiley Tooth, P.A. the benefits otherwise payable to me. I understand that **I am responsible for the payment** of services rendered in full, regardless of payments expected by an insurance company. I understand fees quoted by the office are an **ESTIMATE** only.

Signature _____ Date _____
Parent or Guardian

Consent and Diagnostic Aids

I hereby give my consent to The Smiley Tooth. & staff for any diagnostic aids necessary to evaluate, document and/or diagnose my child's dental condition. These shall include, but are not limited to, x-rays, models, and photographs. I also release any medical or dental information necessary to evaluate and/or treat my child.

Signature _____ Date _____