

NEW PATIENT REGISTRATION

REFERRED BY _____

PATIENT NAME _____ PREFERRED NAME _____

RESPONSIBLE PARTY (PARENT OR GUARDIAN)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SSN _____ - _____ - _____

HOME PHONE _____ CELL _____ WORK _____

E-MAIL _____ MARITAL STATUS _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

INSURANCE COMPANY _____ ID# _____

NAME OF INSURED _____ DOB _____ SSN _____ - _____ - _____

EMPLOYER _____ GROUP # _____

EMPLOYER ADDRESS _____

SECONDARY INSURANCE
INSURANCE COMPANY _____ ID# _____

NAME OF INSURED _____ DOB _____ SSN _____ - _____ - _____

EMPLOYER _____ GRP # _____

EMPLOYER ADDRESS _____

DENTAL HISTORY:

REASON FOR TODAY'S VISIT _____

PREVIOUS DENTIST _____

REASON FOR CHANGE _____

CONCERNS _____

DATE OF LAST CLEANING _____ **EXAM** _____

X-RAYS _____ **PANO** _____

FINANCIAL AGREEMENT:

If you have dental insurance, we will file the claims for you, as a complimentary service. It is very important that the correct insurance information is provided at the time of the patient's appointment. If this information changes, it is the patient's responsibility to update Mark McClure, DDS at the earliest convenience. While we do our best to verify dental benefits prior to your first appointment, this does not guarantee coverage or payments to Mark McClure, DDS.

Please note that any difference in payment from your insurance company and your account balance is your responsibility. While the filing of insurance claims is a courtesy that we extend to all of our patients, all charges are your responsibility from the date the services are rendered. If difficulty arises with payment from the insurance company, we will ask that you contact your carrier to rectify the problem. All expected insurance balances remaining unpaid after 90 days from the date of service becomes the responsibility of the patient and/or account holder.

Any balance older than 90 days will be subject to interest charges of 1.5% per month, from the date of service, until the account is paid in full. If a payment has not been received on the account during the 90 days, the account risks being sent to a collection agency or an attorney, additional collection fees will be applied to any unpaid balance. Any attorney or collections fees incurred due to delinquency in payment or collection efforts will also be charged to you, including court costs and fees. Any personal check returned unpaid or with non-sufficient funds (NSF) will incur a \$15 NSF check fee and is also subject you to court costs and attorney fees.

SIGNATURE _____ **DATE** _____

INITIAL _____ **HIPPA PRIVACY NOTICE GIVEN**