

LifeSmiles of New Hope, P.C.

Patient Information (Confidential)

Name _____ M _____ F _____
 First Middle Last Sex
Address _____ Apt. # _____
City _____ State _____ Zip _____
Social Security # _____ Date of Birth _____ Age _____
Phone Numbers: Cell _____ Home _____ Work _____
E-Mail _____
Check One: ___ Minor ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated
If College Student: ___ Full Time ___ Part Time
School Name _____ City _____ State _____
Emergency Contact _____ Phone _____ Relationship _____
Referred By: _____

Primary Dental Insurance Information Only

Name of Subscriber _____ Relationship to Patient _____
Social Security # _____ Subscriber's Date of Birth _____
Phone Numbers: Cell _____ Home _____ Work _____
Employer Name _____ Work Phone _____
Name of Insurance Company _____
Address of Insurance Company _____
City _____ State _____ Zip _____
Phone Number of Insurance Company _____ Effective Date _____
Identification # _____ Group # _____ Plan Code _____

Financially Responsible Party (Guarantor)

Name of Person Responsible for this Account _____
Relationship to Patient _____ Is Guarantor currently a patient in this office ___Y___N
Guarantor Address _____ Apt. # _____
City _____ State _____ Zip _____
Guarantor: SS# _____ Driver's License # _____ Date of Birth _____
Employer _____ Work Phone _____

Signature of Guarantor

Date

IMPORTANT – Please read the following insurance instructions completely.

We will file your insurance claim(s) as a courtesy to you. Professional services are rendered and charged to you, not the insurance company. At the time of service, we will call your insurance company and get an **estimated payment** for the services rendered. The **estimated** portion that the insurance does not pay is expected at the time of service in full. Any balance remaining on your account after the insurance pays **must be paid in full within 10 days of receiving your statement. All accounts delinquent past ninety(90) days will be turned over to an outside collection agency.**