

Welcome to our Practice

We wish to provide you with the best dental care possible. There may be several options to consider in your treatment. The more we know about you as an individual, the better able we will be to offer you the choices which best meet your needs. If you have any special concerns or needs which are not covered by these forms, please let us know. Thank you.

Sincerely,

Arny Reich, D.M.D.

Mike Scoles, D.M.D.

Patient's Information

Name: Mr. Mrs. Ms. Miss Other _____
(Circle One) Last First M.I. Nickname

Marital Status: _____ Sex: M or F e-mail: _____
(Circle One)

Address: _____

City, State: _____ ZIP: _____ How Long? _____

Home Phone: _____ Social Security No.: _____ Birthday: _____

Work Phone: _____ Name of Spouse or Guardian: _____

Referral Information

This is a referral practice and we always welcome new patients.

Who may we thank for referring you to our office? _____

Notify in case of Emergency (other than spouse)

Name: _____ Relation to You: _____

Address: _____ Phone: _____

Person Financially Responsible for Account

Name: Mr. Mrs. Ms. Miss Other _____
(Circle One) Last First M.I.

Address: _____

City, State: _____ ZIP: _____

Home Phone: _____ Social Security No.: _____ Relation to Patient: _____

Employer: _____ How Long: _____ Phone No.: _____ Ext.: _____

Address: _____

City, State: _____ ZIP: _____

Insurance Information

Primary Insurance Co.: _____ Group No.: _____

Name of Insured: _____ Birthdate: _____ S.S. No.: _____

Secondary Insurance Co. (if any): _____ Group No.: _____ Employer: _____

Name of Insured: _____ Birthdate: _____ S.S. No.: _____

Dental Insurance / Payment Policies

Dental insurance is usually purchased by groups and the benefits vary greatly. I urge you to become familiar with your individual policy provisions. You must realize that we provide dental services to you, rather than to your insurance company, and the ultimately you are responsible for the bill. We will, however, aid you to the best of our ability to obtain the maximum benefits to which you are entitled.

Appointment Information

Best time for appointments: _____

Best time for us to call you: _____ Phone No.: _____

May we call you on short notice for appointments? Yes _____ No _____

Assignment & Release

I hereby authorize the office to release any information to the insurance companies and I authorize my insurance benefits to be paid directly to this office. I understand that I am financially responsible for any balance due.

Date _____ Signed _____