

## New Patient Information

Name: \_\_\_\_\_ S.S #: \_\_\_\_\_

Single  Married  Child  Other  Male  Female

Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_) \_\_\_\_\_

Work: (\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ Cell: (\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## Person Responsible for Account

Insurance Co. Name: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN#: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_ Relation: \_\_\_\_\_

We are committed to excellence in dentistry and appreciate you taking the time to complete this confidential questionnaire. The better we communicate, the better we can care for you. If you have any questions or need assistance, please ask us - we will be happy to help.

Whom may we thank for referring you?

\_\_\_\_\_

***\*\*To complete your information, please turn the page OVER.\*\****

## Appointments

We value your time so you can expect us to see you at the appointed time and to keep your time spent in our office as short as possible. In return, when you make an appointment with us please be on time since we have reserved our time just for you. Please make every effort not to change you scheduled appointment. If you must change an appointment, please provide us at least **2 working days advanced notification** so that we may use our time to accommodate other patients. Broken and missed appointments create scheduling problems for other patients and our practice. We value your time, please value ours.

## Financial Policy

Payment in full is due the day the treatment is rendered. Should a patient have dental insurance with assignment to Dr. Gammage, the estimated patient portion will be the amount due.

### Payment Option

- 1.For your convenience we accept Cash, Check, Visa, MasterCard, Amex & Discover.
- 2.We also offer Care Credit as a financing option.

### For Patients with Dental Insurance

Dental Insurance plans often pay less than the actual fee for service, therefore the patient is the responsible party for all dental services provided. Dental insurances in most cases is a benefit with limitations and should not be expected to take care of all costs. Your dental benefits and how they relate to your specific needs will be explained to you during your initial appointment.

### Finance Charge and Fees

Returned checks are subject to a \$25 accounting fee.

## Authorization and Consent

I agree and consent to a dental examination by Dr. Gammage. I understand that additional diagnostic procedures and dental treatments may be recommended and will be discussed with me prior to being done. Also, I acknowledge that there are no guarantees, expressed or implied, as to the results of any procedures or dental treatments performed.

I authorize Dr. Gammage to release any information regarding my dental/medical history, diagnosis or treatment to third party payors and/or other health professionals.

I authorize and request my insurance company to pay my benefits directly to Dr. Gammage.

**I understand and will comply with the office Appointment Policy and Financial Policy.  
I understand and agree to the General consent to treatment and authorize the release of my information.  
I also acknowledge that I have received a copy of this practice's Notice of Privacy Practices.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of patient, parent or guardian