

tlc FAMILY DENTISTRY

DATE _____
PATIENT NAME _____ BIRTHDATE _____ SEX--M _____ F _____
PREFERRED NAME _____ SS# _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
MARITAL STATUS _____ NAME OF SPOUSE _____
EMAIL ADDRESS _____
NAME OF RESPONSIBLE PARTY ON ACCOUNT _____
IF CHILD UNDER AGE 21, NAMES OF BOTH PARENTS _____

CHECK YOUR PREFERENCE FOR REMINDER CALLS

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

LIST NAMES OF THOSE YOU ALLOW TO HAVE ACCESS TO YOUR PATIENT RECORDS _____

IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED? _____
PHONE NUMBERS OF EMERGENCY CONTACT--CELL _____ HOME _____ WORK _____

NAME OF YOUR PHYSICIAN _____

HOW DID YOU HEAR ABOUT OUR OFFICE? PLEASE CHECK-MARK.
FACEBOOK _____ SUBDIVISION NEWSLETTER _____ GOOGLE _____ WEBSITE _____ SIGN _____ OTHER _____

NAME OF PERSON WHO REFERRED YOU TO OUR OFFICE _____

PRIVACY POLICY

A COPY OF THE PRIVACY POLICY AVAILABLE AT CHECK IN. PLEASE SIGN THIS ACKNOWLEDGEMENT IN ORDER FOR US TO PROCESS YOUR INSURANCE. YOU MAY REFUSE TO SIGN, AND SELF PAY.

I _____ have reviewed a copy of this office's notice of privacy practices for myself or my minor child (name of child) _____.

(SIGNATURE)

I AUTHORIZE RELEASE OF INFORMATION RELATING TO ANY INSURANCE CLAIM. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS OF DENTAL TREATMENT AND THAT IT IS MY RESPONSIBILITY TO VERIFY MY INSURANCE AND UNDERSTAND MY COVERAGE. I AUTHORIZE INSURANCE PAYMENT DIRECTLY TO JAMIE L. THURMAN-TAYLOR DDS OR BRYCE CHILDERS DDS, OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT THERE IS A \$25 RETURNED CHECK FEE AND THAT I WOULD BE ON A CASH ONLY BASIS THEREAFTER. I UNDERSTAND THAT IF I AM TURNED TO A COLLECTION AGENCY BY THIS OFFICE IT WILL BE AT THE DISCRETION OF TLC FAMILY DENTISTRY TO ACCEPT ME BACK INTO THE PRACTICE AND THAT THERE WOULD BE A SERVICE FEE FOR REINSTATEMENT APPLIED TO MY ACCOUNT. I ACKNOWLEDGE THAT IF INSURANCE COVERS ONLY PART OF THE DENTAL TREATMENT THE PATIENT PORTION WILL BE COLLECTED AT THE TIME OF THE APPOINTMENT.

SIGNATURE

DATE