

# WEAVER DENTAL CARE

## Patient Information

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: M / F Birth Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ SS#: \_\_\_\_\_

Family Status (circle): Single Married Divorced Child

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

How did you first hear about our office? (circle one):

Another Patient	Another Dental Office	Brochure	Online Search
Facebook	Triple Crown Magazine	School	Insurance Website
Sign -Drive by	Walk in	Other: _____	

Whom may we thank for referring you to our practice? \_\_\_\_\_

## Person Responsible for Account

Name of responsible party: \_\_\_\_\_

Relationship to patient (Circle): Self Spouse Parent Other: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ SS#: \_\_\_\_\_

## Contact Information

What is the best way to communicate with you? Home Phone / Mobile Phone/ Text / Email

In the event of an emergency, whom should we contact?

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

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## Insurance Information (Primary)

Name of Insured: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Insured Birth Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Insurance Co Phone #: \_\_\_\_\_

Claims Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

## Insurance Information (Secondary)

Name of Insured: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Insured Birth Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Insurance Co Phone #: \_\_\_\_\_

Claims Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

## Employment Information

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Cancellations and Missed Appointments

Please be advised that we do require a 48 hour notice for cancellations. This courtesy makes it possible to give your reserved time to another patient whom needs to be seen. Patients who do not provide a 48 hour notice prior to cancellation of an appointment are subject to be charged a minimum of \$50.00 per patient /per half hour. As a courtesy to you, we will make every effort to confirm your reserved appointment, but please DO NOT consider it our responsibility to do so. If our attempts are unsuccessful, it is your responsibility. **I have read the Cancellation and Missed Appointment Policy. I understand and agree to this Policy.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_