WELCOME

Stephen L. Kirkpatrick, DDS, PLLC

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us – we will be happy to help.

1. Personal Information

Date ______________________________

Name: ______________________________

Prefers to be called (nickname): ______________________________

❑ Male ❑ Female Birthdate: ____________________ Soc. Sec. #: ____________________

❑ Minor ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Separated

Address: ______________________________

City, State, Zip: ______________________________

Employer: ____________________ Occupation: ____________________

Referred by: ______________________________

2. Telephone

Home Phone: ____________________ Cell Phone: ____________________

Work Phone: ____________________ Ext #: ____________________

How do you prefer we reach you? ❑ Home Ph. ❑ Work Ph. ❑ Cell Ph. ❑ E-mail: ____________________

When is the best time to reach you? Time __________ Days __________

In the event of an emergency, who should we contact? Name: ____________________

Relationship: ____________________ Work #: ____________________ Home #: ____________________

3. Responsible Party

Who is responsible for the account?

Name: ____________________ Relationship to patient: ____________________

Birthdate: __________ Driver's Lic. #: ____________________ Soc. Sec. #: ____________________

Address: ______________________________

City, State, Zip: ______________________________

Employer: ____________________ Occupation: ____________________

Work Phone: ____________________ Ext. #: __________ Home Phone: ____________________

4. Dental Insurance Information

Primary Insurance

Name of Insured: ______________________

Relationship to patient: ______________________

Insured's birthdate: ______________________

Soc. Sec. #: ______________________

Employer: ______________________

Date Employed: ______________________

Occupation: ______________________

Insurance Company: ______________________

Group #: ______________________

Employee/I.D.#: ______________________

Ins. Co. Address: ______________________

Deductible: ______________________

Amount already used: ______________________

Max. Annual benefit: ______________________

Additional Insurance

Name of Insured: ______________________

Relationship to patient: ______________________

Insured's birthdate: ______________________

Soc. Sec. #: ______________________

Employer: ______________________

Date Employed: ______________________

Occupation: ______________________

Insurance Company: ______________________

Group #: ______________________

Employee/I.D.#: ______________________

Ins. Co. Address: ______________________

Deductible: ______________________

Amount already used: ______________________

Max. Annual benefit: ______________________

5. Authorization & Release

I authorize Dr. Kirkpatrick's office to release any information (including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care) to third party payers and / or other health practitioners.

I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X ______________________ ______________________

Signature of patient or parent if minor Date

6. Financial Arrangements

For your convenience, we offer the following methods of payment.

Please check the option which you prefer: ❑ Cash ❑ Personal Check ❑ Visa ❑ MC ❑ Discover ❑ CareCredit

❑ I wish to discuss the dental office's policy.

Thank for filling out this form completely.

The information you have provided will help us serve your dental healthcare needs more effectively and efficiently.

If you have any questions at anytime, please ask – we are always happy to help.