

# Patient Registration Form

(For office use only)

Account Id \_\_\_\_\_  
Date \_\_\_\_\_

Please fill out all that apply:

## Personal Information

Patient Name \_\_\_\_\_ Birthday \_\_\_\_\_

I prefer to be called \_\_\_\_\_

Person responsible for the account

Mr. Mrs. Miss. Ms \_\_\_\_\_ SS # \_\_\_\_\_

DL # \_\_\_\_\_

Spouse Mr. Mrs. Miss. Ms \_\_\_\_\_ SS # \_\_\_\_\_

DL # \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Referred by \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Wk \_\_\_\_\_ Hm \_\_\_\_\_

## Dental Insurance Information

Your Employer \_\_\_\_\_ Phone \_\_\_\_\_

Birthday \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_

Coverage: \_\_\_\_\_ Family \_\_\_\_\_ Self and Dependents \_\_\_\_\_ Self Only \_\_\_\_\_ Children Only \_\_\_\_\_ Parents Only

Spouse Employer \_\_\_\_\_ Phone \_\_\_\_\_

Birthday \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_

Coverage: \_\_\_\_\_ Family \_\_\_\_\_ Self and Dependents \_\_\_\_\_ Self Only \_\_\_\_\_ Children Only \_\_\_\_\_ Parents Only

The above information is true and complete to the best of my knowledge. I agree to pay my co-payment and any fee not covered by insurance at the time services rendered.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I authorize release of any information to the insurance company and direct payment of benefits to Dr. Henry D. Duncan, DDS, PA

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Office Policy

Dr. Duncan and staff are here to help you get and keep your mouth in good health and to save as many teeth as possible. Routinely, the first visit to our office includes necessary x-rays and a complete dental examination. After we have studied your mouth and x-rays, we will discuss the plan of treatment that is best for you, and appointments will be made to complete the necessary treatment.

All minor children must be accompanied by a parent or guardian, who is financially responsible for the account, unless previous arrangements have been made.

### Appointments

The cost of operation is greatly increased when appointment time is wasted by patients who fail to show up or do not give us at least 24 hours notice of the need to cancel or reschedule an appointment. Please help us by keeping your appointment or by giving the required 24 hours notice.

### Financial

We accept cash, checks, check cards, MasterCard, Visa, Discover, CareCredit Plan and insurance assignment. We do require that you pay your balance at the time of service. This includes your deductible, co-payments and any service not covered by your insurance. New patients with insurance must pay for services at the first visit, until we establish your insurance benefits. Insurance will be filed to pay you for the first visit. At future appointments, we will try to estimate your insurance benefits as best we can, and you will be asked to pay the amount not covered by your insurance.

If you have overpaid your account, we will issue a refund. If you have a balance, it is considered due within 30 days. Please help us keep costs down by adhering to this policy. We are not a participating member of any preferred provider organization (PPO or HMO). Please check with your insurance company to see if they will cover out-of-network dentists before beginning treatment. Dentists within your network are provided on a list from your insurance company.

There is a \$25.00 charge for all returned checks. If your unpaid balance is turned over to small claims court or a collection agency, you will be charged for all fees incurred to collect your unpaid balance, including reasonable attorney fees.

### Personal Guaranty of Payment

I agree to personally pay any and all unpaid charges to this account upon request by Dr. Duncan's office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read, understand and agree to the above policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_