WELCOME TO PROFESSIONAL DRIVE DENTAL GROUP

From whom did you hear about our office? _____
May we mention your name when thanking them?_____

NAME:_____Name preferred:_____ Sex: □**M** □**F**

Birthdate:___/___/____ Marital Status: □ S □ M □ D □ W Phone:_____Cell Phone:_____

Address:_____City:_____State_____Zip_____

Email:_____

Occupation: _____Employed by:_____ Work phone:_____

SPOUSE:_____Birthday:_____/_____/_____ Cell phone:_____

Occupation:_____Employed by:_____ Work phone:_____

Emergency Contact Person:_____Phone:_____

Relationship to patient:_____Cell Phone:_____

IF PATIENT IS A CHILD/DEPENDENT

Parent/Guardian:_____Birthdate:____/____/____ Cell phone:_____

Occupation:_____Employed by:_____ Work phone:_____

Parent/Guardian: _____Birthdate:____/____/____Cell Phone:_____

Occupation:_____Employed by:_____Work phone:_____

INSURANCE INFORMATION

Dental Insurance Co.: _____Group #:_____ID #:_____

Policy Holder:_____Employer:_____

ASSIGNMENT & RELEASE: I hereby authorize my insurance benefit payments to be assigned directly to Professional Drive Dental. I also authorize the dentist to release any information required for the insurance claim.

FINANCIAL AGREEMENT: By signing I understand and accept that payment in full is due at the time of service, unless discussed and accepted by this office prior to services being provided. If there is dental insurance we will **estimate** any co-payments or payments that will be due at the time of service. This is NOT a guarantee of benefits. Because of the number of patients and insurance plans, we are unable to know the specifics of your plan. We encourage you to become familiar with your own plan. You are responsible for any balances that remain on your account if the insurance does not pay as much as anticipated or they deny payment.

I have received Professional Drive Dental's Notice of Privacy Practices.

THANK YOU for choosing PROFESSIONAL DRIVE DENTAL GROUP. Our goal is to offer you the best possible dental care and understanding of the dental treatment recommended to you.

SIGNATURE: (Parent/Guardian if Child/Dependent):_____DATE:_____/_____/_____