CHANDLER CREEK
DENTAL CARE

New Patient Registration Form

Welcome to Chandler Creek Dental Care, PC! We know how important it is to feel comfortable and confident with your choice of dental care providers. We can assure you that we will take the time to listen to your needs and do the best we can to provide quality dentistry. Please fill out our patient registration forms as completely as possible so that we may get to know you better and provide you and your family with the best care. Rest assured that all information contained in these forms is confidential between you and our dental office.

Primary Patient Information:

Name:_____ DOB:_____ SS#:_____

Address:_____City:_____State:_____Zip:_____

Email:_____ Cell Phone:_____ Home Phone:_____

Mark one: Single_____Married_____Divorced_____Widowed _____

Spouse or Partner's Name:_____Phone #:_____

Emergency Contact:_____Phone #:_____Relationship:_____

Responsible party

Responsible Party for this account/Self: _____ Relationship to patient/Self:_____

(*Leave blank if the address is the same as above)*

Address:_____City:_____State:_____Zip:_____

Primary Insurance Information (If Applicable)

Name:_____ DOB:_____ SS#:_____

Insurance Company:_____Insurance phone:_____

Subscriber ID:_____Group #:_____Employer:_____

Secondary Insurance Information (If Applicable)

Name:_____ DOB:_____ SS#:_____

Insurance Company:_____Insurance phone:_____

Subscriber ID:_____Group #:_____Employer:_____

RELEASE AND ASSIGNMENT: I give this office permission to take images of my teeth, mouth and face and use them to aid in educational purposes, treatment planning and submission to insurance companies to help the patient get reimbursement and treatment approval, using both electronic and paper images, as needed and requested by the insurance companies. I understand that Insurance is a contract between myself and my insurance company. Insurance is filed as a courtesy to patients of thisoffice. Insurance estimates are estimates only. Although this office will do its best to help, this office will not be involved in insurance disputes. This office follows the ADA, state, city, and federal recommended document retention Guidelines. These guidelines are available upon request.

Financial Policy

We are privileged that you have chosen Chandler Creek Dental Care as your dental care provider. We are committed to providing you and your family with the highest quality of dental care. In order to enhance communication and promote understanding regarding our office's financial policy, please read the following information. This must be signed in order to proceed with your scheduled appointment. If you have any questions or concerns, please speak with our patient care coordinator.

- I understand that I am responsible for the payment of all products and services provided to me or my dependents by Chandler Creek Dental Care
- I understand I may be charged a **$45 the fee** for any no show/missed appointment without **48 hours advance notice.**
- **I understand that consistently broken appointments will require a credit card reservation fee of $100 in order to secure my next appointment (which is returned on the appointment date) or dismissal as a patient.**
- I understand that deposits may be required to secure appointment times for a period is longer than one hour.
- For larger cases, 5**0% of the patient portion is due at the start of treatment**, including any deductible and the remaining 5**0% at the last appointment**.
- **I understand that if I decide to discontinue treatment after it has been started, a full refund will not be given**. Individual circumstances may be discussed with our patient care coordinator.
- I understand I will be charged a $35 processing fee per each returned check.
- I understand there may be a 1.5% per month finance charge on all accounts over 30 days past due.
- I understand if my account is not paid within **90 days** of treatment it may be turned over to a collection agency or the office attorney and I will be responsible for all collection fees and court costs associated with my delinquent account.
- Full payment is due at the time of service. We gladly accept most major credit cards, cashier checks, money orders, and cash unless prior financial arrangements have been made for qualified individuals with Chandler Creek Dental Care **Regarding insurance: your insurance policy** is a contract between you, your employer, and their insurance company.
- **We have no control over their decisions and the amount they decide to pay.** Our financial relationships with you, not your insurance company. However, as a courtesy to our patients, we will file your primary insurance claims for you. We will not file any secondary insurance. **Please be aware that your insurance company does not guarantee payment over the phone. Approval from Pre-authorizations does not guarantee payment as per the insurance company.** We will not know the exact amount they will pay until they respond to the claim. Regardless of what your insurance company pays, you are ultimately fully responsible for the cost of services rendered by Chandler Creek Dental Care

I have read and understood the above Financial Policy for Chandler Creek Dental Care. By signing below, I acknowledge responsibility and agree to the terms listed above.

Signature of Patient or Responsible Party: _____ Date: _____