

## Patient Information and Financial Options

We welcome all new patients and are excited to help you on your journey to an improved smile!

We love what we do and welcome the personal referrals of your family and close friends.

Please feel this out and bring it in to your first visit!

Name \_\_\_\_\_ Date \_\_\_\_\_

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

E-mail \_\_\_\_\_ Would you like to be on our e-mail list? Yes No Not Sure

Preferred Contact Phone (Please indicate Home/Cell/Work) \_\_\_\_\_

Other Contact Phone (Please indicate Home/Cell/Work) \_\_\_\_\_

Birth date \_\_\_\_\_ Single Married Spouse's name \_\_\_\_\_

If Student – Parents names: \_\_\_\_\_

**Preferred day for visits:** Please indicate any preference

Monday Tuesday Wednesday Thursday Any day is Okay

**Preferred time of day:** Morning / Noon / Afternoon / Any time is good

VIP's in our office are looking for a Complete Dental Home. You are looking for your best Smile and Health working with our Team. You are interested in having your dental hygiene maintenance in our office and returning for any future dental needs. You are interested in being included in any events hosted by our office. Anniversary patients are looking for a solution that their regular dental office hasn't been able to solve, but you still want to go to them for cleanings and routine dental care. You agree to come back on your anniversary of treatment to ensure the longevity and appearance of your Smile improvements.

**Preferred Status:** VIP Anniversary Not Sure Yet

## Preferred Financial Options

Your dental treatment is an investment in your health and well being. Our goal is to provide you with Optimal care based upon your individual need. You may elect a combination of payment options.

- Payment arrangements are required to reserve or schedule an appointment.
- We accept all Major Credit cards, Cash and Checks.
- Affordable extended monthly payments can be arranged with either Care Credit or Capital One Healthcare Finance, and are subject to approval. We are happy to assist you with pre-approval options, if desired.
- We request a Credit Card on file, Care Credit account, or a deposit of \$150, to schedule treatment visits less than \$1000. The balance can be paid day of treatment.
- For any services over \$1000, a pre payment courtesy of 5% for cash or check, 3% for credit card is available. A deposit of 50% or \$500.00, with the balance remaining paid in full 2 business days before your appointment. You may elect to make your deposit and three equal payments. You are welcome to have a credit card on file or write predated checks for this option and will receive a monthly statement reflecting your payment.
- Money orders may be required for treatment scheduled when then there is less than 10 business days between payment and appointment scheduled.
- Maintenance visits with our hygiene team can be paid in full at time of service.
- For Comprehensive Smile Enhancing services, a portion of your deposit may be non- refundable if lab costs are incurred.
- We understand when unforeseen emergencies arise. Your visits are time set aside specifically for you to achieve your health and smile goals and cannot easily be filled. To avoid \$100 missed appointment charges, please notify us 2 business days in advance for any scheduling changes.
- Please be prepared to discuss your payment preferences at your consultation visit.

Thank you again for choosing our office. We look forward to a wonderful relationship with you.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

We maintain the privacy of your information. 4/08 kv