WELCOME TO SAINT LOUIS SMILE SALON

In order to help us serve your dental health properly, would you please be kind enough to answer the following questions.

PATIENT_____ TODAYS DATE_____

SOCIAL SECURITY#_____ DATE OF BIRTH_____

ADDRESS_____ HOME PHONE_____

CITY/ZIP_____ CELL PHONE_____

EMAIL ADDRESS_____

EMPLOYER WORK PHONE

EMPLOYER ADDRESS

MARITAL STATUS: **CIRCLE ONE** SINGLE MARRIED DIVORCED OTHER

NAME OF RESPONSIBLE PARTY_____

NAME OF REFERRAL_____

We will submit your services to your insurance company as a courtesy based on the information you provide below. All information must be complete to ensure prompt payment for services rendered. Insurance quotes are only an estimate and are not a guarantee of payment. Patients are responsible for any amount not covered by the insurance company at time of service.

INSURANCE SUBSCRIBER (member name)

SUBSCRIBER'S SS #_____SUBSCRIBER DOB

INSURANCE COMPANY_____

INSURANCE BILLING ADDRESS_____

INSURANCE PHONE #_____

SUBSCRIBER EMPLOYER_____

ADDRESS_____

SECONDARY INSURANCE SUBSCRIBER_____

SECONDARY INSURANCE COMPANY_____

SOCIAL SECURITY #_____ DATE OF BIRTH_____

CONSENT: I authorize the Doctor to take radiographs, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize the Doctor to perform any and all treatment, medication, and therapy that may be indicated with Patient and further authorize and consent Doctor to choose and employ such assistance as he deems fit. I also understand the use of anesthetic agents embodies a certain risk. I understand that responsibility for payment for Dental Services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered. If overdue, I understand cost of collection and attorney's fees will be applied.

SIGNATURE _____

DATE _____

APPOINTMENTS/CANCELLATIONS

Except for emergencies, this office provides health care by appointments only. Please remember this time is reserved specifically for you. If you must change an appointment, we request 24 hours notice of cancellation. A minimum charge will be made for missed or cancelled appointments without sufficient prior notice.