

Welcome to Redmond Ridge Family Dentistry!

Thank you for selecting our dental healthcare team. To help us meet all your needs, please fill out the form completely.

Patient Information (CONFIDENTIAL)

Name _____ M ___ F ___ Birth Date _____
SS# _____ Check Appropriate Status: Single ___ Married ___ Minor ___
Address _____ City _____ State/Zip _____
Home Phone _____ Cell _____ Email _____
Hobbies _____ Do you have dental benefits? _____
Employer _____ Work Phone _____
Spouse or Parent/Guardian's Name _____ Phone _____
Whom May We Thank for Referring You? _____
Person To Contact in Case of Emergency? _____ Phone _____

Insurance Information

Name of Insured _____ Birth Date _____
Relationship to Patient _____ SS# _____
Employer _____ Work Phone _____
Insurance Company _____ Group# _____
MemberID/SSN _____ Policy # _____
Insurance Address _____
Do you have Additional Insurance? Yes ___ No ___ If Yes, Please let us know.

Please read and initial.

_____ I understand that dental services furnished to me are charged directly to me and that I am personally responsible for payment. If I carry insurance, I understand that as a courtesy, this office will help prepare my insurance forms and will credit such collections to my account. However, this dental office cannot render services on the assumption that charges will be paid by an insurance company. Every effort will be made to collect from the insurance company, but I understand that any denied payments will be my responsibility.

_____ As a condition of treatment by this office, I understand that the financial responsibility of each patient will be determined before treatment.

_____ **Assignment of Insurance:** I hereby authorize release of any information needed and also authorize my insurance company to pay directly to this office benefits accruing to me under my policy.

_____ I understand that Redmond Ridge Family Dentistry requires 24 hour notice if there are to be changes made to a scheduled appointment. Any appointment change made with less than 24 hour notice will be assessed a fee of \$25.

Signed _____ Date _____