CASTLE HILLS DENTAL
WHERE YOUR SMILE WILL
LOOK AND FEEL LIKE ROYALTY

Dr. Lynna Scott, D.D.S.
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972-899-9288

CONFIDENTIAL PATIENT INTRODUCTION

1. PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Business Address: _____ City: _____ State: _____ Zip: _____

MALE / FEMALE Marital Status: ☐ Minor ☐ Single ☐ Married Spouse Name: _____ / Divorced / Widowed

Patient Social Security #: _____ Driver's License #: _____

If Minor: Guardian's Name: _____ Guardian's Phone: _____

Name and Address of Party Responsible for Payment of Services: _____

_____

2. POLICY & FINANCIAL RESPONSIBILITY

THE POLICY IN OUR OFFICE IS AS FOLLOWS: The guardian who requests treatment for the child is responsible for all fees for services rendered.

Name of Dental Ins. Co: _____ Phone #: _____

Name of Policy Holder: _____ Date of Birth: _____

SS #: _____ Group Number: _____ Employer: _____

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? _____

PURPOSE OF THIS VISIT & HOW MAY WE HELP YOU? _____

3. AUTHORIZATION & ASSIGNMENT OF BENEFITS

PLEASE READ THE FOLLOWING: I have completed this form fully and completely and certify that I am the patient or duly authorized general agent of the patient, authorized to furnish the information requested. I understand that even though I may have some type of dental insurance coverage, I am responsible for payment of all services rendered for myself, my child or the person under my legal guardianship. Our office policy is to institute a service charge of 18% Annual Percentage Rate which will start to accrue on any unpaid balance 60 days after dental services are incurred.

You may be charged a missed appointment fee if cancelling with less than 24 hours notice.

We accept the following forms of payment:

☐ Cash / Check ☐ Credit Card (MC/Visa/Amex/Discover) ☐ Care Credit ☐ Chase Health Advance Card

_____ _____

Signature of Patient, Parent, or Responsible Party Today's Date

4. OFFICE USE ONLY

Date Received: _____ Reviewed By: _____ Notes: _____