308 Victory Road
Quincy, MA 02171
P: 617-479-8080 F: 617-479-8189

PATIENT INFORMATION

Date of Birth ____________________ ☐Male ☐Female ☐ Child*

Patients Name ________________________________ Prefers to be called ____________
Last First Initial

* Parents Name (If patient is child) ________________________________
Last First Initial

Patient/Parent Social Security Number ________________________

HOME ADDRESS

Street ________________________________

City/State/ Zip ________________________________

TELEPHONE (please check best way to contact you)

☐Home ________________________

☐Business ________________________

☐Cellular ________________________

☐Text ________________________

☐Email ________________________

EMERGENCY CONTACT

Name ________________ Phone __________

REFERRAL

Whom may we thank for this referral?________________

DENTAL INSURANCE COVERAGE ☐Y ☐N

Insured Name ________________________

Insured Date of Birth ________________________

Insured Social Security Number ________________________

Insured Employer ________________________

Name of Insurance Company ________________________

Subscriber ID number ________________________

Group Number ________________________

Insurance Telephone ________________________

**FINANCIAL POLICY **

We are dedicated to assisting you achieve and maintain your oral health. As a courtesy to our patients who have dental insurance, we will be happy to file your claims. It is your responsibility to know the rules and benefits of your insurance policy, and to inform us if your insurance information has changed. Your co-payment is due in full on the day of service. Please be aware that estimated co-payments given by staff members are to be considered as such, and that your insurance company may consider some or possibly all treatment as non-covered services. A finance charge of 1.5% will be added to accounts that have balances over than 90 days.

By signing this policy, you agree to be responsible for all fees not covered by your insurance company.

Name:________________________ Signature:________________________ Date:__________