

~WELCOME~

Date _____ SS# _____
Whom may we thank for referring you? _____

Confidential Patient Information

Thank you for choosing **Westchase Esthetic Family Dentistry**. Please fill out the following information carefully and completely so that we may begin your care with excellence.

Name _____ Birthdate _____
Address _____ City/State/Zip _____
Please provide ALL of the following; Circle all that we may use to contact you if necessary:
Email _____ Home phone _____ Cell phone _____
Work phone _____
Circle appropriate: Minor Single Married Divorced Widowed Student
If student, name of School/College _____ City/State _____
Patient's or Parent's Employer _____ Work phone _____
Business Address _____ City/State/Zip _____
Spouse or Parent's Name _____ Employer _____
Work phone _____
Emergency contact: _____ Phone _____ Relation _____

Responsible Party

Name of person responsible for this account _____ Relation _____
Address _____ Home phone _____
Drivers License # _____ Birthdate _____ SS# _____
Employer _____ Work phone _____
Is this person currently a member of our patient family? _____ yes _____ no

**For your convenience, we offer the following methods of payment. Please check preferred option.
Payment is expected when treatment is rendered.**

Cash _____ Personal Check _____ Visa/MC/Discover/AmEx _____ I would like to discuss a PaymentPlan _____
*Note: We offer two PaymentPlan options through CareCredit and CapitolOneHealthcare. Approval subject to Credit Verification.

Insurance Information

Name of Policy Holder _____ Relation to patient _____
SS# _____ Birthdate _____ Date Employed _____
Employer name _____ Work phone _____
Employer address _____
Insurance Co. _____ Group# _____ Policy# _____
Insurance Co. address _____ Phone _____
Do you have additional insurance? Yes _____ No _____

Important Note: We do not file secondary insurance claims, but will be happy to provide any documentation you may need to file your claim, and assist you in any way possible. You will receive reimbursement directly.