Ladner Dental Clinic **WELCOME TO OUR OFFICE**

CONFIDENTIAL INFORMATION QUESTIONNAIRE

Patient's Name ______ Birthday ______
last first initial month / day / year

Address ______ Home Phone ______

City/Province ______ Postal Code ______ Cell Phone ______

Employer ______ Business Phone ______ Email ______

Spouse's Name ______ Spouse's Phone ______

Who may we contact in case of an emergency if we can't reach your spouse? ______
Do you have other family members who are patients here, please list. ______
Who may we thank for referring you to our office? ______

INSURANCE AND FINANCIAL INFORMATION

initial **Payment of your uninsured portion is <u>due</u> at time of service.** The office will assist you with the claim to your insurance carrier for 30 days. We accept VISA, MasterCard, Debit, E-Transfer. 1.5% interest will be applied to all outstanding balances over 30 days.

PRIMARY DENTAL INSURANCE

Name of Insured ______ Date of Birth ______

Employer ______

Insurance Carrier ______ Group Policy Number ______

ID/Certificate Number ______ Division ______

Coverage Percentage

Basic/Prevent ______ Major ______ Ortho ______

SECONDARY DENTAL INSURANCE

Name of Insured ______ Date of Birth ______

Employer ______

Insurance Carrier ______ Group Policy Number ______

ID/Certificate Number ______ Division ______

Coverage Percentage

Basic/Prevent ______ Major ______ Ortho ______

______ initial **A charge will be applied for broken appointments unless <u>2 business days</u> notice is given.**

ASSIGNMENT AND RELEASE

I hereby authorize that my insurance benefits be paid directly to the dentist. I accept financial responsibility for any balance due. I authorize the dentists to release any information for these claims and to submit them electronically. I consent to the taking of videos, photos, and x-rays before, during and after treatment and to the use of these items as well as my records by the dentist for educational purposes, scientific papers or presentations.

I certify that I have read the contents of this form and do realize the risks and limitations involved.

Signature ______ Date ______