

WELCOME TO OUR OFFICE



Thank you for choosing our office

In order to serve you properly, we will need the following information.
All information will be strictly confidential

Guy L. Fox, D.D.S.
Amy L. Fox, D.D.S

(Please print)

Date _____
Home Phone _____
Cell Phone/Pager _____
Email _____

Personal Info

Patient _____
Last Name _____ First Name _____ Initial _____ Preferred Name _____
Street Address _____ City _____ State _____ Zip _____
Sex: M F Age _____ Birthdate _____ Single Married Widowed Separated Divorced
Employed by _____ Occupation _____ How long? _____
Business Address _____ Business Phone _____

Spouse

Spouse Name _____ Birthdate _____
Spouse Employed by _____ Occupation _____ How long? _____
Business Address _____ Business Phone _____

Guarantor

Who is responsible for this account? _____ Relationship to Patient _____
Responsible Party's Social Security # _____ Driver's Lic.# _____ State _____
Patient's Social Security # _____ Name(s) of Bank(s) _____

Insurance

Name of Dental Insurance Company _____ Group # _____
Name of Insured _____ Insured Person's Birthdate _____
Insured Person's Social Security # _____ Insured Person's Employer _____
Insured Persons' Bus Address _____ Bus Phone _____

In Case of emergency, who should be contacted? _____ Relationship _____ Phone _____
Whom may we thank for referring you? _____

Our Office Policy:

All charges/insurance co-payments are due at the time services are rendered unless prior arrangements have been made.

Insurance: Patients who carry any form of dental insurance should know that all services are charged directly to the patient, and he or she is personally responsible for payment. We will prepare any necessary reports or itemizations to assist in making collections from insurance companies, and we will credit any such collections to the patient's account. However, we cannot render services on the assumption that all charges will be paid by an insurance company. Most misunderstandings about insurance can be avoided if you understand what your policy provides.

Finance charge: Charges not paid within 60 days will be subject to a finance charge of 1.25% (15% annual percentage rate). The minimum finance charge is fifty cents (\$.50).

Late Charge: If your minimum payment is not received by the due date, you will be assessed a late charge. This late charge will be 10% of past due minimum owing, or \$10.00 whichever is less. The minimum late charge is \$1.00.

Delinquent Accounts: Future services may be refused until the amount outstanding is no longer past due. Failure to pay on all outstanding charges will result in your account being turned over to a collection agency. Costs associated with collection services, court & legal fees will be charged to the patient. There is a \$15.00 charge for returned checks.

Broken Appointments: We reserve the right to charge your account 50% of the treatment cost or \$50.00, whichever is greater, for failed appointments or appointment cancelled without 24 hours notice made during office hours only. In order to change or reschedule a Monday appointment, we need to hear from you by noon on the Thursday prior to the Monday appointment to avoid a broken appointment fee. Our office is closed (Fri, Sat and Sun).