



Waterford Pointe Dental
Dentistry for today's lifestyle.

Patient Information

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Home Phone _____ Birth Date _____
Work Phone # _____ Cell Phone # _____
Social Security # _____ Minor _____ Single _____ Married _____ Separated _____ Divorced _____
If student, Name of School/College _____ City _____ State _____
Patient's or Parent's Employer Name _____ Work Phone # _____
Business Address _____ City _____ State _____ Zip _____
Person to contact in case of emergency _____ Phone _____
Who may we thank for referring you? _____

Responsible Party (Only fill out if different than above)

Name of Person Responsible for this Account _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Birth Date _____
Social Security # _____ Employer _____
Business Address _____ City _____ State _____ Zip _____

Payment Options

YOU ARE RESPONSIBLE FOR ALL CHARGES INCURRED. ANY BILLED CHARGES INCLUDING UNPAID INSURANCE WILL INCURE FINANCE CHARGES OF 1.5% PER MONTH STARTING 30 DAYS FROM THE DATE OF SERVICE. TO AVOID FINANCE CHARGES, PLEASE PAY AT TIME OF SERVICE. WE OFFER THE FOLLOWING METHODS OF PAYMENT.

CHECK THE OPTION(S) YOU PREFER: ___ Cash ___ Check ___ Visa ___ MasterCard ___ Discover ___ American Express

PAYMENT IN FULL AT EACH APPOINTMENT IS EXPECTED FOR ALL NON-INSURED PATIENTS, AND CO-INSURANCE PATIENTS. ACCOUNTS SENT TO COLLECTIONS ARE LIABLE FOR ALL COSTS.

I agree to the above terms and conditions. Signature _____

HIPAA Notice (To be completed in the office.) I have read/received a copy of the HIPPA privacy notice as required by law.

Signature _____ Date _____

Dental Insurance Information

Name of Insured _____ Relationship _____
Birth Date _____ Social Security # _____ Work Phone _____
Name of Employer _____ Employer Address _____
City _____ State _____ Zip _____
Dental Insurance Company _____ Group# _____ /ID _____
Insurance Phone # _____ Insurance Address _____
City _____ State _____ Zip _____