

Welcome



Maywell L Inong, DDS
General Dentistry

Patient Information

Name _____
Preferred Name _____
Sex _____ Marital Status _____
Birth date _____ Driver's License # _____
Social Security Number _____

Home Address _____
City _____ State _____ Zip _____

Employer/School _____
Business Address _____
City _____ State _____ Zip _____
Occupation _____

Home phone _____
Cellphone _____
Business phone _____ ext _____
E-mail address _____

Preferred contact number _____

For Parents or Guardians of Minors

Patient lives with:
 Father _____
 Mother _____
 Guardian _____

Emergency Contact Information

Name _____
Relation _____
Contact Number _____

Getting To Know You

Referred By _____

Dental Material Fact Sheet

I acknowledge that I have received a copy of the dental materials fact sheet.

HIPAA Privacy Sheet

I acknowledge that I have received a copy of the HIPAA privacy sheet.

Dental Insurance

Please check all appropriate information:

- Covered under my own insurance.
- Covered by my spouse's insurance.
- Covered under father's insurance.
- Covered under mother's insurance.

Primary Carrier
Insurance Company _____
Address _____
City _____ State _____
Phone _____
Employee _____
Date employed _____ Union or Local # _____
Birthdate _____ ID number _____
Group number _____

Secondary Carrier
Insurance Company _____
Address _____
City _____ State _____
Phone _____
Employee _____
Date employed _____ Union or Local # _____
Birthdate _____ ID number _____
Group number _____

Person Responsible For Account

Name _____
Billing Address (if different) _____
City _____ State _____ Zip _____

Financial Consent

I understand the responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered, unless I, myself, specifically ask for and make arrangements for an alternate method of payment. I further understand that any charges that are not covered by my insurance are my responsibility. I understand that a one and one-half percent monthly finance charge (18% annually) will be added to any balance over 90 days old.

Signature _____ Date _____