



Welcome to Apollonia Dental Arts!

We are committed to providing exceptional dental care to our patients in a compassionate, professional environment. The following information is provided to introduce you to our practice philosophy and policies.

- **Appointments**

Appointments are scheduled so we can provide the most efficient care in a relaxed setting. We make every effort to honor time commitments and we appreciate patients extending us the same courtesy. Patients are reminded of their appointments 7 days in advance by email, text, or phone. Patients are kindly asked to confirm or cancel their appointment at least 48 hours prior to their appointment through the reminder method employed.

- **New Patient Appointments**

We reserve 60 minutes for each new adult patient visit. This allows time for us to listen to patient concerns and to properly diagnose and develop appropriate treatment plans.

- **Cancellations and Missed Appointments**

We require 48 hours advance notice of a cancellation. Patients who do not provide 48 hours notice of a cancellation will be charged a \$75 fee.

- **Payments and Insurance**

Payment for treatment is due and payable the day services are rendered. It is our goal, however, to assist all of our patients in obtaining the dental treatment they deserve. We offer various payment methods to give you options that work best for you. We accept cash, personal checks and debit or credit cards. Also, our office accepts CareCredit.

For patients with dental insurance, we will file the appropriate claim forms.



Patient Information

Name: _____ Preferred Name: _____

Home Address: _____ City: _____ State _____ Zip: _____

Home #: _____ Work #: _____ Mobile #: _____

Email: _____

Sex: M / F Birth Date: ___ / ___ / _____ SS#: _____

Family Status (circle): Single Married Divorced Child Spouse's Name: _____

How did you hear about our office?

Another Patient Walk in Other: _____
Social Media Work
Online Search Insurance Website

Whom may we thank for referring you to our practice? _____

Contact Information

What is the best way to communicate with you? Home Phone / Mobile Phone / Text / Email

In the event of an emergency, whom should we contact? _____

Insurance Information (Primary)

Name of Insured: _____ Relationship to patient: _____

Insured Birth Date: ___ / ___ / _____

Insurance Plan Name: _____ Insurance Co Phone #: _____

Claims Address _____



City, State, Zip _____

Group #: _____ ID #: _____

Insurance Information (Secondary)

Name of Insured: _____ Relationship to patient: _____

Insured Birth Date: ___ / ___ / ____

Insurance Plan Name: _____ Insurance Co Phone #: _____

Claims Address _____

City, State, Zip _____

Group #: _____ ID #: _____

Employment Information

Employer Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Cancellations and Missed Appointments

We require 48 hours advance notice of a cancellation. Patients who do not provide 48 hours notice of a cancellation or who do not present for a scheduled appointment will be charged a \$75 fee.

I have read the Cancellation and Missed Appointment Policy. I understand and agree to this Policy.

Patient Signature and initials _____ Date _____