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Creating Healthy Beautiful Smiles for over 40 years!!!

## Welcome to Family Dentistree

Please read and complete all sections of this information form

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SS#: \_\_\_\_\_ MARITAL STATUS S \_\_\_ M \_\_\_ D \_\_\_ W \_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX M \_\_\_ F \_\_\_

I WAS REFERRED BY: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ POLICY HOLDER NAME: \_\_\_\_\_

POLICY HOLDER: SELF \_\_\_ SPOUSE \_\_\_ POLICY HOLDER DOB: \_\_\_\_\_ FAMILY PLAN: \_\_\_\_\_

INSURANCE ID NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DENTAL INSURANCE: \_\_\_\_\_ INSURANCE PHONE NUMBER: \_\_\_\_\_

Our goal is to provide the finest, most effective health care treatment available today. Following your diagnosis, the doctor will advise you of their plan for treatment. Additionally, we will discuss with you the cost of today's and further treatment. Payment for today's visit and you future visits is due at the time of treatment. We are sensitive to the fact that some patients may not be able to pay cash for their treatment, therefore, we do offer several alternative payment options for your convenience.

Our office takes **CASH, CHECK, DEBIT, MAJOR CREDIT CARDS** and we offer **CARE CREDIT**. Which is our out of house financing program.

I understand and agree that, regardless of my insurance status, all deductible and co-payment charges are due at time of service. **This office files my primary insurance as a courtesy to me, I am financially responsible for my bill.** I have read all the information on this form and have completed the above information as true and correct to the best of my knowledge. Further, I authorize the release of any dental or other information necessary to process my dental claim.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or Responsible Party