



# Dentistry at the Park

FAMILY DENTAL CARE

Thomas A. Leech, DDS

We are glad you're here! We realize your time is valuable, and we want to be on time for you. You can help us stay on schedule for you and the patients after you by being on time for your appointment. **We also ask that you notify us at least 48 hours in advance if you cannot make any scheduled appointment to avoid a cancellation or broken fee of \$50.00.** Please come to your appointment prepared with complete insurance information so we can file it for you. If we can help you with any questions, just ask!

**Patient Information:** Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

E-mail \_\_\_\_\_ Patient Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_ Cell/pager \_\_\_\_\_

Name & age of children \_\_\_\_\_

\_\_\_\_\_

Whom may we thank for referring you?

How would you like to be contacted?

Circle: Email Text Cell Home Phone

**IF COLLEGE STUDENT**

Name and city/state of school

\_\_\_\_\_

**If minor:**

Mother's name \_\_\_\_\_

Social security \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Father's name \_\_\_\_\_

Social security \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Spouse \_\_\_\_\_

Social Security \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**Dental Insurance Information**

Name of Insured \_\_\_\_\_ Insurance Co. \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Address of insurance Company \_\_\_\_\_

**I request my insurance company to pay directly to the dentist all insurance benefits, and understand that the insurance company pay less than the actual bill for services. I agree to be responsible for payment for all services rendered to myself or my dependents. I understand that if my account becomes over 30 days overdue, it can be sent to a collection agency, which will affect my credit. I understand that it is my responsibility to provide accurate insurance information.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Welcome!**