



Welcome to Sunset Dental!! This letter is to acquaint our new patients with our general office policies to help avoid any misunderstandings. Our responsibilities are to you as our patient. We practice preventive dentistry and stress the importance of regular care to help you in your goal to achieve and maintain excellent dental health.

Insurance Patients: If you have dental insurance, it is your responsibility to bring a current insurance card to your appointment. We will file insurance claims as a courtesy to our patient. Remember that your insurance contract is between you and your insurer. It is your responsibility to be aware of insurance available for each treatment, any specific clauses stated in your policy, and deductibles and waiting periods. Insured patients should be prepared to pay their co-pay and/or deductible at time of service. If your insurance company pays only part of your bill or rejects your claim, you are financially responsible for the balance and the balance will be due upon receipt of your statement. It is also your responsibility to make sure that we are a listed provider with your insurance company.

Patients with no Insurance: Patients with no insurance are required to pay for their treatment in full at the time of service, unless other prior arrangements are made.

Payment: We honor Visa, MasterCard, Cash and Personal Checks with proper identification. Checks written with insufficient amount will have accounts billed \$50.00 for each bad check. Statements will be sent out on a monthly basis.

Delinquent Accounts: Any fees, such as Attorney's fees, collection agency fees and court costs incurred as a result of overdue accounts will be the patient's complete financial responsibility.

We try to see our patients as promptly as possible. However, there are times when emergencies and/or surgeries may arise causing unavoidable delays.

We ask that our patients please give us at least 24-hour notice when canceling an appointment. These times are reserved for you. Failure to give notice on multiple occasions will result in a broken appointment charge.

Our goal is to make your appointment as comfortable, safe and pleasant as possible. If you should have any questions or suggestions, please feel free to discuss them with our doctor and staff.

By signing on the line below I am stating that I have read or have had it read to me and I understand my responsibilities listed in the above policies.

Patient or Guardian's Signature

Date



Patient Information (confidential)

Patient ID # _____

SS# _____

Date _____

Name _____ Birthdate _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Work Phone _____ Cell Phone _____

Check Appropriate Boxes: Male Female Minor Single Married Divorced Separated

If Student, Name of School/College _____ City _____ part-time full-time

Patient's or Guardian's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Spouse or Guardian's Name _____ Employer _____ Work Phone _____

Whom May We Thank for Referring You? _____

Person to contact in case of emergency _____ Phone _____

is this person currently patient in our office? Yes No

Responsible Party

Name of Person Responsible for this account _____ Relation to Patient _____

Address _____ Home Phone _____

Email _____ Cell Phone _____

Driver's License # _____ Birthdate _____

Employer _____ Work Phone _____ SS# _____

Dental Insurance Information

Name of Insured _____ Relation to Patient _____

Birthdate _____ SS# _____ Email _____

Name of Employer _____ Work Phone _____

Address of Employer _____ City _____ State _____ Zip _____

Insurance Company _____ Group# _____ ID# _____

Ins. Co. Address _____ City _____ State _____ Zip _____