**PATIENT REGISTRATION**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**BILLING**

PERSON RESPONSIBLE FOR BILL (*ONLY COMPLETE IF DIFFERENT FROM PATIENT*)

RELATIONSHIP TO PATIENT: (CHECK ONE): ( ) SELF ( ) SPOUSE ( ) PARENT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**LIST ANY DEPENDANTS:**

NAME DOB RELATIONSHIP

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Selected (CHECK ONE):** ( ) 2/12 months ( ) 3/12 months ( ) 4/12 Months

**PLEASE READ DISCLAIMER AND SIGN BELOW:**

Using our Membership Savings Program, in our office offers significant savings to our patients on dental services rendered. Furthermore, I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following:

Fees for dental services are due, in full, when rendered; and

Fees for prosthodontic (dentures) and cast restorations (crowns, in-lays, on-lays, veneers) are due at the preparation/impression visit.

If I, \_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ choose not to pay at the time of service, I shall be charged and pay the customary fees for such services. I acknowledge that I am financially responsible for payment, in full, at time of services in order to take advantage of the savings being offered on my membership. If I do not pay, in full, at time of services I understand that I will be required to pay the customary fees for the services delivered regardless of my membership status.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_