Hilltop Dentists

*******PLEASE COMPLETE ENTIRE FORMS*******

CHILD'S INFORMATION

Patient Name: (Last, First, Middle)	Date of Birth Age Male ☐ Female ☐
Address	City State Zip
Phone # Cell ☐ Landline ☐ ( )	School Name Grade
E-mail Address- you will **ONLY** get Appt. Reminders	Social Security # - Our system requires a SS# on file

PARENT/GUARDIAN INFORMATION

Father's Name (Last, First, Middle)	Father's Social Security #
Father's Birthdate:	Father's Dental Insurance Primary or Secondary?
Mother's Name (Last, First, Middle)	Mother's Social Security #
Mother's Birthdate:	Mother's Dental Insurance Primary or Secondary?

DENTAL INSURANCE INFORMATION

Do You have Dental Insurance? YES ☐ NO ☐		
Employer -For Insurance Purposes	Work Phone # ( )	Extension
Primary Dental Insurance Company:	Insurance ID #	Group #
Secondary Dental Insurance Company:	Insurance ID #	Group #

1) ***Appointment Responsibility:*** As a courtesy, we attempt to confirm all next day appointments. Unfortunately, we are not able to contact everyone during office hours. It is strongly felt that keeping an appointment is the **"patients"** responsibility. Therefore, we ask that each patient give **24-hour notice** when any conflict with an appointment arises. If an appointment is not cancelled within 24-hour notice there will be a charge of **$40.00.**

2) ***Patient Financial Responsibilities:*** The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for her treatment and care. We are pleased to assist you by billing for our contracted insurers. However, the patient is required to provide us with the most correct and updated information about their insurance, and will be responsible for any charges incurred if the information provided is not correct or updated. Patients are responsible for the payment of co-pays, co-insurance, deductibles, and all other procedures or treatment not covered by their insurance plan. Payment is due at the time of service, and for your convenience, we accept cash, check, and most major credit cards at our office. Patients may incur, and are responsible for the payment of additional charges at the discretion of Dr. Ford & Dr. Fehrman.

3) ***Minors Financial Responsibilities:*** The guardian who has signed and filled out the minor's paperwork OR the guardian who brings a minor to a scheduled appointment is responsible for the minors' full balance. In the case that a minor's guardians are no longer together, share custody, separated, or another situation where the guardians' split co-pays, deductibles, balance of a minor. It is the responsibility of the guardian with the minor at the time of services to pay the balance in full and contact the other parties who share any financial responsibilities.

Patient/Guardian Signature _____ Today's Date _____