

PATIENT REGISTRATION

KENNETH STONER DDS

804-282-4279

Please have your **INSURANCE CARD** and **DRIVER'S LICENSE** ready for us to photocopy.

PATIENT:

Title: (Mr., Mrs., Ms., Miss)

Suffix: (Jr., Sr.)

SEX: MALE FEMALE

Last Name: _____ First Name: _____ Middle Initial: _____

Cell#: (____) _____ Work#: (____) _____ Home#: (____) _____

Email: _____ Birth Date: ____/____/____ Social Security#: _____ - _____ - _____

Home Address: _____ City: _____ State: _____ Zip: _____

How did you hear about us: _____

PERSON RESPONSIBLE FOR ACCOUNT --- (NOT INSURANCE COMPANY)

(Skip this if SAME as Above)

Title: (Mr., Mrs., Ms., Miss)

Suffix: (Jr., Sr.)

SEX: MALE FEMALE

Last Name: _____ First Name: _____ Middle Initial: _____

Cell#: (____) _____ Work#: (____) _____ Home#: (____) _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Birth Date: ____/____/____ Social Security#: _____ - _____ - _____

PRIMARY DENTAL INSURANCE

Insurance Name: _____ Phone# _____

Policy Holder Name: _____ Employer: _____

Birth Date: ____/____/____ Social Security#: _____ - _____ - _____ INS ID: _____

IN CASE OF EMERGENCY

Name: _____ Phone#(____) _____ Relationship _____

MISSED APPOINTMENT POLICY

Due to the high cost of no show appointments we will be obligated to charge you **\$45.00** a fee if you do not call and cancel your appointment twenty-four (24) business hours in advance. **INITIAL HERE:** _____.

FINANCIAL AGREEMENT

I agree to be responsible for payment of all services rendered on my behalf or on behalf of my dependents. **I understand that payment is due at the time of service unless prior arrangements have been made.** In the event payments are not received by agreed upon dates, I agree to pay 1 1/2% per month late charge (18% APR) I agree to pay for all collection cost plus attorney's fees equal to 33 1/3% of all sums due. **INITIAL HERE:** _____.

Please sign that you have read and understand the above **FINANCIAL** and **MISSED** appointment policy.

SIGNATURE OF

PATIENT/GUARANTOR: _____ **DATE:** _____

(turn over)