

Please print clearly

Patient Name _____ Patient Social Security No. _____
Address _____ City _____
State _____ Zip _____ Phone _____ Employer _____
Business /Cell Phone _____ Dental Insurance _____
Date of Birth _____ Email Address _____
Contract Number _____ Group Number _____
Spouse's Name _____ Date of Birth _____
Place of Employment _____ Social Security No. _____
Emergency Contact not in same household _____ Phone _____

The information that I have given today is correct to the best of my knowledge. I understand that this information will be held in the strictest of confidence, and that it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff of Hannahan Endodontic Group to perform any necessary dental services during diagnosis and treatment. A copy of our Notice of Privacy Practices is available in our waiting area.

Signature: _____ Date _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Hannahan Endodontic Group to furnish treatment information to insurance carriers to facilitate the processing of my insurance claim. I do hereby assign to Hannahan Endodontic Group all payments for dental services rendered to myself or my dependent. The filing of your insurance claim is a courtesy that we extend to you, all charges are ultimately your responsibility.

Signature: _____ Date _____

OUR PAYMENT POLICY

The best patient-doctor relationships are maintained when there is a complete understanding of the treatment rendered and the fee.

Patients who have dental coverage are responsible for the **ENTIRE ESTIMATED COPAY** at the first visit. If you do not have insurance, it is our policy that 1/2 payment be made at the first visit and the remaining 1/2 of the total be paid at the second visit. If all work is completed in one visit, total payment is required. The responsible party agrees to pay any and all collection and attorney fees and court costs not to exceed 50% required in the process of collecting a delinquent account.

Signature: _____ Date _____