



Hilltop Dentists

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

PATIENT'S INFORMATION

Pt. Name (Last, First) Male Female Jr. Sr.	Date of Birth	Age
Preferred/Nick Name:	Married Single Widowed Divorced	
Address	City	State Zip
Cell Phone # ()	Landline Phone # ()	
Social Security # 18 & Older, <u>YES</u> we must have your FULL SS# on File!!	E-mail Address- You will <u>ONLY</u> get Appt. Reminders	
Preferred Pharmacy City	Pharmacy Phone Number: ()	

DENTAL INSURANCE INFORMATION

Do You have Dental Insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer -For Insurance Purposes	Work Phone # ()	Extension
Primary Dental Insurance Company:	Insurance ID #	Group #
Secondary Dental Insurance Company:	Insurance ID #	Group #
Who is the Primary Insurance Policy Holder?	SS#	DOB
Who is the Secondary Insurance Policy Holder?	SS#	DOB
Who is financially Responsible for co-pays/balance?		

- 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 **\$60.00** for Saturday appointments, and weekly appointments there will be a **\$40.00** charge.
- 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) **Co-pays and deductibles:** As a courtesy, we try our best to verify all Insurance. However, it is the patient's responsibility to know what is or is not covered under their dental plan. It is the full responsibility of the adult patient, the parent of an adult patient that is on the parents account, or the parent of the minor patient, to pay their portion of the dental charges, not covered by the insurance company, at the time of services. Most dental insurance's require co-pay and have deductibles. It is your responsibility as the patient, or parent of the patient to know your insurance policies. The receptionists will assist you to the best of their ability in researching your coverage and costs. However, our office does not set insurance guidelines or co-pays. You are also authorizing Hilltop Dentists permission to bill out what we deem necessary to your Medical & Dental Insurance company.

Patient Signature

Today's Date