

Matthew Bagnulo, DDS | Family Dentist

PATIENT INFORMATION

Welcome to our office. We appreciate the confidence you place with us to provide your dental care. To assist us in serving you, please complete this form. The information provided is important to your dental health. If you have any questions, don't hesitate to ask.

TODAY'S DATE: _____

PATIENT NAME: _____ DATE OF BIRTH: _____

AGE: _____ MALE / FEMALE

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

BILLING ADDRESS (IF DIFFERENT): _____ CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

HOME PHONE: _____ WORK PHONE: _____

WHICH IS THE BEST WAY TO CONTACT YOU? CELL / HOME / WORK / E-MAIL

WHOM MAY WE THANK FOR REFERRING YOU? _____

NAME OF SPOUSE: _____ DATE OF BIRTH: _____

PHONE: _____

PRIMARY DENTAL INSURANCE CO.: _____

SUBSCRIBER NAME: _____ EMPLOYER: _____

INSURANCE ID #: _____ GROUP #: _____

SUBSCRIBER DATE OF BIRTH: _____

SECONDARY DENTAL INSURANCE CO.: _____

SUBSCRIBER NAME: _____ EMPLOYER: _____

INSURANCE ID #: _____ GROUP #: _____

SUBSCRIBER DATE OF BIRTH: _____

Financial Policy-Payment is due on the date of service. Patients that are 65 or older receive a 5% discount.

INITIAL HERE: _____

Cancellation policy-Please give 48 business hours' notice. A charge of \$75 per hour will be made for short-notice cancellations and failed appointment.

INITIAL HERE: _____

Receipt of Notice of Health Information Practices-I have received a copy of Dr. Bagnulo's Notice of Health Information Practices which provides information about how my health information may be used and disclosed.

INITIAL HERE: _____

Assignment & release: I hereby authorize my dental insurance benefits to be paid directly to the dentist. I am financially responsible for any balances due. I also authorize the dentist to release my information required for this claim.

SIGNATURE: _____