

Jeffrey A. Bennett, D.D.S. & Kathryn F. Jones, D.D.S.

Welcome! Our team wants to understand and serve you best, so please read through and complete each of the sections below. Thank you.

PERSONAL DATA

Title (circle one) Mr. Ms. Mrs. Miss Dr.

Patient's Legal Name (first, middle, last) _____

Preferred Name (Name/Nickname) _____

Mailing Address _____

City _____ State _____ Zip _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Preferred phone number to use (circle one) Home Work Cell

E-mail: _____

I would like appointment reminders sent to me via (circle one) Email Text Message Called

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Sex: (circle one): Male Female Marital Status; (circle one) Single Married Divorced Widowed

Name of Spouse/Partner _____

Are there any other members of your household who are also patients? (please list) _____

Are you a full time college student? (circle one) Yes No If yes, where _____

Employer: _____ Occupation: _____

If party responsible for account is different than patient, complete below:

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Relationship to patient: _____

CONSENT

I consent to treatment as necessary or desirable for the patient named above, including but not restricted to drugs, medicine, performance of operations & conduct of laboratory, x-ray, or other studies that may be used by the attending Doctor, staff or qualified designate. I authorize Dental Care, LLC. to release any information to third party payors &/or health practitioners. I authorize & request my insurance company to pay Dental Care, LLC. directly, otherwise payable to me. I unconditionally agree to be responsible for and to pay Dental Care, LLC. for any & all charges incurred. I agree & understand that in the event I do not pay the balance due and my account is placed in the hands of a collection agency &/or Attorney for collection proceedings, I will be legally responsible for all Attorney fees, court costs, collection costs, consideration for assignment, litigation expenses, as well as any other incidental expenses incurred by Dental Care, LLC. &/or their assignees. I further understand a 1 1/2% finance charge (18% annually) for any balance over 90 days.

_____ Responsible Party (Must be 18 years or older) _____ Date