Account # ____ ________________

PATIENT:
Last name______________________________ First name_______________________ M.I.______
Birthdate______________ Age___________ Marital status____________________ Sex______
Street_____________________________City________________________ State_____ Zip______
Patient Email address ______________________________ SS#__________________________
Phone: Home_______________ Work______________________ Cell__________________________
Occupation_____________________________ Employer_____________________________________
Employer Address____ Phone___________

Emergency Contact Person _____________ Relationship______ Phone_______________

**BILL TO: SELF SPOUSE PARENT ** (please mark relationship)
Last name______________________________ First name_______________________ M.I______
Birthdate ___________________ Marital Status ___________ SS# ______________________
Address_________________________________City______________________State____Zip________
Spouse / Parent Email Address ____
Telephone Home_______________________ Work_____________________________________
Employer____

Daytime Appointment Confirmation

Please mark ***ONLY ONE*** *preferred confirmation method*

Phone call to _________ Email to ___________________ Text to Cell # _____________

How did you hear about our office? Internet Phone book Friend/Relative ___________________

Dental Associates of Manhattan is a contracting provider for:
Delta Dental, Blue Cross-Blue Shield of Kansas, Cigna, Met Life & United Concordia.
Any other insurance will be Out of Network

We accept cash, check, MasterCard, Visa, Discover, and Care Credit.

It is understood that all professional services must be paid for at the time service is rendered unless specific prior arrangements are made with this office. It is the goal and responsibility of this office to provide the best dental care we possibly can. In return it is your responsibility to pay in full for this care.

This office will gladly assist you in the filing of your insurance claim. We ask that you provide us with the most accurate insurance information. Even though an insurance claim may be filed, you are still solely responsible for the total amount of your account. We cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim.

Will you be using any dental insurance? Yes No

I have read and understood the information on this form.

Signature____ Date___________________________