

New Patient Information Form

Last Name: _____ Title: _____ First Name: _____

Preferred Name: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

My preferred form of contact for confirmations/communication is: _____

I want to receive texts: Y / N (confirmations and scheduling only)

I want to receive emails: _____ (confirmations and scheduling only)

I identify my gender as: M / F / Other: _____ (fill the blank)

Marital Status: Single Married Widowed Divorced

“I am aware in order to hold my appointments **I must respond to the reminders and confirm** them either by typing the letter “c” in a text message, clicking a link in an email or responding to a voicemail left at the number above”: _____ (initials)

SS#: _____ DOB: _____

Referring Dr: _____ Referring Patient: _____

Cancellation/Rescheduling Policy

As a courtesy our office employs the practice of contacting you prior to your visit to remind you of your scheduled appointments. This system has proven itself extremely effective and reliable, but please be advised that **you are ultimately responsible for keeping the appointments that you make**. If find that you need to reschedule an appointment, please contact us within 48 hours prior to the appointment time and we will be happy to help you find a spot that works better with your schedule. However, if we do not hear from you within this acceptable time frame (either to confirm your appointment or to reschedule), then your absence is considered a “no show” or a delinquent cancellation and you will be charged a fee of \$50.00.

In no way is it our intention to charge our patients additional money, but please understand the necessity of this policy. It is very costly to us if you miss your appointment and do not give us adequate time to schedule another patient in your reserved spot. Your dental care is our top priority and **because we value you as a patient, your appointment time has been solely reserved for you**. When you do not show up, that time is completely lost.

We understand that unforeseen events occur which may prevent you from keeping your appointment which is why we have a “two strikes” cancellation policy. We are happy to forgive up to two missed appointments/late cancellations before the \$50 fee applies. Beyond these two, regardless of the reason, the fee must apply. This policy enables us to maintain a high level of service for all our patients without raising our standard fees.

“I have read the above statements and verify that I am aware of the policy and the \$50 fee that applies.”

Signature _____ Date _____

Consent for Voicemail/Answering Machine:

I (print)_____ give the office of Kuljic DDS & Team authorization to leave a detailed message at (phone number)_____, and/or (email address) _____ regarding details to an upcoming or previous appointment I had or will have in your office, detailed information regarding a balance I have due, or a credit that I may have to my account until further notice.

Signature: _____ Date: _____

Consent for Treatment/Finances/Appointments

I (print) _____ give the office of Kuljic DDS & Team authorization to discuss my treatment plan, finances or any appointment I have scheduled in your office with the members of my immediate family (names below) until further notice.

Family Member: _____

Family Member: _____

Family Member: _____

Signature: _____ Date: _____

Consent for Transfer of Funds Within My Family Account

I (print) _____ give the office of Kuljic DDS & Team authorization to transfer funds within my family’s transactions in our office, giving **credit transfers to balances that may be due at any time, without asking for authorization for each transfer, until further notice.

Signature: _____ Date: _____

**For example, Mom has a credit of -\$14 in our office and Daughter has a balance of \$9 in our office. Kuljic DDS & Team has authorization to transfer \$9 from Mom’s credit to Daughter’s balance and there is no need to contact you for authorization for this sharing of funds. This is solely for transactions within the accounting in our office and does not require us to access your credit card/banking accounts.