

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

E-mail \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work # \_\_\_\_\_

Referred By \_\_\_\_\_ Local Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Dr. Mitchell's office is able to leave a message on Home Phone or my Cell Phone regarding appointments. AGREE \_\_\_\_\_ DISAGREE \_\_\_\_\_**

Please be advised, you are financially responsible for all business conducted in our office. If you have dental insurance, please provide us with proof of coverage and we will be happy to file your insurance. You must pay your estimated percentage on each visit. In the event there is a balance once your insurance pays, you are required to pay that balance in full at that time. After 60 days there will be a service charge of 1.5%. In the event your account is placed with a Collection Agency, a collection-fee of up to 33.3% may be added to your account and shall become a part of the Total Amount Due. You will be responsible for any and all cost of collection including attorney fees and court cost. You agree, that in order for us to service your account or to collect any amounts you may owe, we and our collection agencies may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We and our collection agencies may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

**Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_**