

Welcome to Cherry Park Dental & Foster Dental Care

J. Jenny Lu, DDS

Mukesh Patel, DDS

PATIENT INFORMATION					
PATIENT NAME (LAST, FIRST MI)		SEX M F	BIRTHDATE	MARITAL STATUS	AGE
ADDRESS		APT.	CITY	STATE ZIP	HOME #
SSN	PARENT'S OR GUARDIANS NAME, IF PATIENT IS A MINOR		DRIVER'S LICENSE #	CELL#	
OCCUPATION	EMPLOYER			WORK #	
SPOUSE INFORMATION					
NAME (LAST, FIRST MI)			SSN	HOME#	
ADDRESS (If different)		APT.	CITY	STATE ZIP	CELL #
OCCUPATION	EMPLOYER		BIRTHDATE	WORK #	
ACCOUNT RESPONSIBLE PARTY INFORMATION					
NAME (LAST, FIRST MI)		RELATIONSHIP TO PATIENT		BIRTHDATE	AGE
ADDRESS		APT.	CITY	STATE ZIP	HOME#
SSN	DRIVER LICENSE #			CELL#	
OCCUPATION	EMPLOYER			WORK #	
DENTAL INSURANCE INFORMATION					
PRIMARY INSURANCE COMPANY		INSURANCE PH#	SECONDARY INSURANCE COMPANY,		INSURANCE PH#
INSURED'S NAME (LAST, FIRST MI)			INSURED NAME (LAST, FIRST MI)		
EMPLOYER			EMPLOYER		
INSURED'S ID#		GROUP NO.	INSURED'S ID#		GROUP NO.
INSURED'S SSN		BIRTHDATE		INSURED SSN BIRTHDATE	
EMERGENCY CONTACT INFORMATION					
NAME		RELATIONSHIP TO PATIENT	HOME #	CELL #	WORK #

ASSIGNMENT AND RELEASE

I hereby authorize payment of insurance benefits for service rendered directly to Dr. _____, otherwise payable to me.
 I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I understand that my dental insurance carrier (s) or payer may pay less than the actual bill for services. I am financially responsible for payments in full of my accounts. In the event of legal action on this account, I agree to pay all costs of such suit, collection and attorney fees.
 I understand that balances are due at the time of service unless prior arrangements are made. Accounts over 90 days are subjected to a 1.5% per month (18% per year) interest charge and \$5.00 billing charge each month.
I will give 24 hours advance notice if I am unable to keep my appointment. Otherwise, a fee of \$25 for each hour of my appointment will be charged.

SIGNATURE _____ **DATE** _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM. THANK YOU!