

# PATIENT WITHOUT INSURANCE RESPONSIBLE PERSON

ATTENDING DR. \_\_\_\_\_

CHART NUMBER \_\_\_\_\_

## PATIENT INFORMATION

PATIENT		STREET ADDRESS		
CITY & STATE		ZIP CODE	CELL PHONE #	HOME PHONE #
WHO REFERRED YOU TO THIS OFFICE?	GENERAL DENTIST		HOW LONG HAVE YOU BEEN A PATIENT OF GENERAL DDS?	
SOCIAL SECURITY #		DATE OF BIRTH	GENDER:    FEMALE        MALE <input type="checkbox"/> <input type="checkbox"/>	
EMPLOYER			OCCUPATION	

## RESPONSIBLE PERSON INFORMATION

RESPONSIBLE PERSON'S NAME		RELATIONSHIP TO PATIENT	SOCIAL SECURITY #	
STREET ADDRESS (IF NOT THE SAME)		CITY	STATE / ZIP	
CELL PHONE	EMPLOYER	OCCUPATION	WORK PHONE	
EMERGENCY CONTACT AND PHONE NUMBER (IF DIFFERENT)				

Because of the nature of referral work, we must respectfully request that all patient balances be paid upon completion. If unable to do so, please advise us now. We accept the following credit cards: MasterCard, Visa, Discover Card, Amex or Care Credit.

Charges not paid within 30 days will have a service charge of 0.58% per month (Annual rate of 7%) added to the past due balance on each monthly statement thereafter.

In the event of non-payment for our services, I understand that collection agency fees, including attorney fees, if applicable, will be applied to the outstanding balance.

Our usual and customary fee schedule on file with dental insurance companies, State of Michigan:

Consultation and Exam.....125.00	3D Imaging .....150.00
Anterior Root Canal.....1110.00	Surgical Biopsy Removal .....375.00
Bicuspid Root Canal .....1320.00	Incision & Drainage .....125.00
Molar Root Canal.....1490.00	First Film ..... 35.00
Retreat Anterior Root Canal.....1360.00	Each Additional Film ..... 30.00
Retreat Bicuspid Root Canal .....1570.00	Pulp Testing ..... 55.00
Retreat Molar Root Canal .....1740.00	Nitrous Oxide.....100.00
Surgery (including retrograde fill) .....1790.00	Emergency Treatment Only.....300.00

I, the undersigned, being the patient, parent or guardian state the above information is true to the best of my knowledge and understand that I am ultimately responsible for any charges incurred.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**