Jackson & Joyce Family Dentistry

Scott A Jackson, DMD ~ Joseph C. Joyce, DMD

Welcome

We strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us - we will be happy to help.

1. Personal Information

* REQUIRED FIELD

Date _____

Birthdate* _____

SS#/SIN* _____ E-Mail _____

Name* _____

Wishes to be called _____

☐ Male ☐ Female ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Address* _____

City* _____ State/Pro Florida Zip/PC* _____

Employer _____ Occupation _____

Referred by _____

2. Responsible Party (if patient is a minor)

Name _____

Relationship to patient _____

Birthdate _____ Driver's License _____

SS#/SIN _____ Email: _____

Address _____

City _____ State/Prov Florida Zip/PC _____

Employer _____

Occupation _____

Work Phone _____ Ext# _____

Home Phone _____ Cell Phone _____

3. Telephone

* REQUIRED FIELD

Home Phone* _____

Work Phone _____ Ext# _____

Cell Phone* _____

Where do you prefer to receive calls? ☐ Home ☐ Work ☐ Cell

When is the best time to reach you? _____

In the event of an emergency, who should we contact?

Name* _____ Relationship* _____

Work# _____ Home#* _____

4. Dental Insurance Information

* REQUIRED FIELD

Primary Insurance

Primary Policy Holder* _____

My relationship to Policy Holder* _____

Policy Holders Birthdate* _____

Policy Holders Driver's License* _____

Policy Holders SS#/SIN* _____

Policy Holders Employer _____

Policy Holders Occupation _____

Insurance Company* _____

Group# _____

Member Id#* _____

Ins. Co. Phone#* _____

Additional Insurance

Primary Policy Holder _____

My relationship to Policy Holder _____

Policy Holders Birthdate* _____

Policy Holders Driver's License* _____

Policy Holders SS#/SIN* _____

Policy Holders Employer _____

Policy Holders Occupation _____

Insurance Company _____

Group# _____

Member Id# _____

Ins. Co. Phone# _____

5. Authorization and Release

I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payors and/or other health practitioners.

I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependants. Any quotes for dental services provided by our staff are estimates only! A pre-authorization from you insurance company maybe obtained for more accuracy.

6. Financial Arrangements

For your convenience, we offer the following methods of payment. Please check the option which you prefer.

Payment in full at each appointment.

- ☐ Cash
- ☐ Personal Check
- ☐ Credit Card

VISA MasterCard DISCOVER NETWORK AMERICAN EXPRESS

CareCredit® Patient Payment Plans *Amounts $150-$1200*

- ☐ I wish to discuss the dental office's policy.

Print Form

Late Charges

If I do not pay the entire new balance within 30 days of the monthly billing date, a late charge of 1.5% on the balance then unpaid and owed will be assessed each month (if allowed by law). I realize that failure to keep this account current may result in you being unable to provide additional dental services except for dental emergencies or where there is prepayment for additional services. In the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances. A charge of $35 will apply.

x _____

Signature or patient or parent/guardian if minor

Thank you for filling out this form completely. The information you have provided will help use serve your dental healthcare needs more effectively and efficiently. If you have any questions at anytime, please ask - we are always happy to help.