

# WELCOME

## Layne Martin DDS Patient Registration Form

Name \_\_\_\_\_ SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
E-mail \_\_\_\_\_ Sex : Female \_\_\_\_\_ Male \_\_\_\_\_  
Occupation \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_  
Name of Spouse/Partner \_\_\_\_\_  
Notify In Case of Emergency \_\_\_\_\_  
Employer \_\_\_\_\_ Person Responsible for Insurance \_\_\_\_\_  
SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Dental Insurance Carrier \_\_\_\_\_ Phone Number \_\_\_\_\_  
Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_  
Person Financially Responsible for Account \_\_\_\_\_  
Who may we thank for referring you to our office? \_\_\_\_\_

In an effort to provide you with quality Dental Care and maintain our present fees by minimizing billing procedures, **Payment is requested at the time of your visit** for all services.

Please note our office requires **24-48** hours notice for cancellations. We reserve the right to charge a **cancel fee** without proper notification.

**IF YOU HAVE DENTAL INSURANCE:** A COPY OF THE FRONT AND BACK SIDES OF YOUR INSURANCE CARD MUST BE ON FILE WITH THIS OFFICE. IT IS ALSO **YOUR** RESPONSIBILITY TO NOTIFY US OF ANY CHANGES.

***Your insurance is a method for you to receive reimbursement for fees you have paid to the doctor for services rendered. Dr. Martin is a non-participating provider.***

***Please be aware that having insurance is not a substitute for payment. Many companies have fixed allowances or percentages or other limitations based on your contract with them. It is your responsibility for deductibles, co-insurance, and any other balances not paid for or reimbursed by your insurance. We will assist you in receiving reimbursement as much as possible, but ultimately, you are responsible for your bill and all communication beyond that with your insurance company.***

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_