Richard Byler, DDS
GENERAL DENTISTRY

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PATIENT INFORMATION

We are pleased to welcome you to our office. Please take a few minutes to fill out these forms for us as completely as you can. If you have any questions, we will be happy to help you.

Name: _____
Last First MI Preferred Name

Gender: ( )M ( )F Married( ) Divorced( ) Single( ) Widowed ( )

Birthdate: _____ SS#: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Referred by: _____ Place of Employment: _____

Dental Insurance Company: _____

Address: _____

Insurance subscriber information:

Name: _____ DOB: _____ Member ID: _____

Emergency contact: Name_____

Relationship: _____ Phone: _____

Financial Agreement:

For my convenience, this office may release my information to my insurance company and receive payment directly from them.
I understand the treatment proposed is only an estimate. I will be responsible for the charges if my treatment is changed.
If sent to collections for non-payment of my account, I agree to pay all related fees and court costs.
Every effort will be made to help me with my insurance, but if they do not pay as expected, I will be responsible for the remaining balance.
Treatment plans may change, and I will be responsible for the work that is done.

_____ _____
Signature Date