SMILES·NY
COSMETIC AND IMPLANT DENTISTRY

220 EAST 63RD STREET
LOBBY F
NEW YORK, NY 10065

Date:_____

Patient Information

Last Name:_____ First Name:_____ M.I._____

Gender: M F Family Status:_____ Birth Date:_____ SSN:_____

Phone (Home):_____ Phone (Work):_____ Ext:_____ Cell:_____

Address:_____ Apt.#:_____ City:_____ State:_____ Zip:_____

Email:_____ Employer:_____

How would you prefer to be contacted: Home ☐ Work ☐ Mobile ☐ Email ☐

Whom may we thank for referring you to our practice?_____

Insurance Information

Name of Insured:_____ Occupation:_____

Address:_____ City:_____ State:_____ Zip:_____

SSN:_____ Date of Birth:_____

Dental Insurance:_____ Address:_____

City:_____ State:_____ Zip:_____ Employer:_____

Group Number:_____ ID Number:_____

Commitment to Appointment Policy – We reserve time for each patient in our practice and rarely do we ever keep our patients waiting. An appointment written in our schedule with your name on it is a bond of trust that we will be here to serve you and that you will be present for that appointment. **We require at least 48 hours advance notice for all changes in schedule. Failure to provide such notice will result in a change of schedule fee to be billed to your account.** Your signature below indicates that we have mutual respect for each other's time.

_____ Date:_____
Signature of patient, parent or guardian

Payment Policy - I understand and acknowledge that I am financially responsible for the services provided for myself or for the above named, regardless of insurance coverage. I allow the use of my credit / debit card on file for all charges whether or not paid by my insurance company, within 60 days of any unpaid balance. I acknowledge that payment in full is due at the time of treatment unless other arrangements are contracted in advance. All unpaid balances over 60 days are subject to 18% finance charge. The finance charge will be a periodic rate of 1.5% per month which is an annual percentage rate of 18%.

_____ Date:_____
Signature of patient, parent or guardian

Account Number:_____ Expiration Date:_____

☐ VISA ☐ Mastercard ☐ Amex ☐ Discover _____
Signature