

WELCOME

TO OUR PRACTICE



STEVEN J. HOCHFELDER, DMD, PA

FAMILY AND COSMETIC DENTISTRY

PERSONAL AND HEALTH INFORMATION (CONFIDENTIAL)

Patient Information (Please Print)

SS# _____

Name _____ Date _____

First MI Last

Address _____ City _____ State _____ Zip _____

Birthdate _____ Home phone # _____ Work Phone # _____

Driver's License # _____ Marital Status _____ Sex M F

Your or your parent's employer _____ Occupation _____

Business Address _____ City _____ State _____ Zip _____

Spouse's or parent's name _____ Workplace _____ Work phone # _____

Whom may we thank for referring you to us? _____

Responsible Party

Name of person responsible for this account? _____

Relationship to patient _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name of employer _____ Work phone # _____

Please Check form of Payment:

Insurance and patient's co-payment at each visit

Payment in full at each visit

Billing through VISA, MasterCard or Discover

Insurance Information

Insurance Claims are submitted as a courtesy to our patients. Accepting Assignment results in a delay of payment of three to six weeks or longer. Our policy is to accept assignment of insurance benefits if you furnish the following information. Benefits are estimated at 50% of the total (less deductibles) until a copy of your policy is provided. Insurance payment under most plans is based on a percentage of the prevailing and customary charges for the area, not on a percentage of our charges. If the insurance does not pay the estimated charge, the patient is responsible for the balance, which is due in full within 30 days after the insurance payment is received.

Name of insured _____ Relationship to patient _____

Birthdate of insured _____ Social Security # of insured _____

Name of employer _____ Work phone # _____

Address _____ City _____ State _____ Zip _____

Insurance Co. _____ Group # _____ Insurance Co. phone # _____

Insurance Co. Address _____ City _____ State _____ Zip _____

Dental History

Please check any of the following conditions that apply to you:

Bad Breath

Grinding teeth

Sensitivity to hot

Bleeding gums

Loose teeth or broken fillings

Sensitivity to sweets

Clicking or popping jaw

Periodontal treatment

Sensitivity when biting

Food collection between teeth

Sensitivity to cold

Sores or growths in your mouth

Reason for today's visit _____

