Hastings Family Dental

Adult Get Acquainted Questionnaire and Financial Policy

Today's date_____

Patient name:_____

Last First M.I.

Address:_____

Sex: Female:____ Male:____ Single:___Married:____Divorced:___Widowed:____

Phone number:_____ Cell phone:_____ Email address:_____

Date of birth:_____ SS#:_____

Emergency contact:_____ Phone:_____

Patient employer:_____Address:_____

Position:_____ How long with employer?_____

Is patient a full-time college student?_____ If yes, name of college:_____

Spouse's name:_____ Date of birth:_____

Last First M.I.

SS#:_____ Contact phone #:_____ Cell:_____

Employer:_____ Address:_____

Position:_____ Phone:_____ How long with employer?_____

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

Financial Policy

Our financial policy states that we do expect payment at the time of service, unless arrangements have been made prior to your dental care. For your convenience, we have a Financial Coordinator that will work with you to discuss other options when payment at the time of service is not convenient for you.

Payment Options

We accept: Cash, Check, Visa, Mastercard, American Express, Discover and Care Credit.
For patients with Dental Insurance, we will be happy to submit all the necessary forms for you. Please remember that your insurance is a contract between you and your insurance company. For patients without dental insurance, we do expect payment at the time dental services are rendered, unless other arrangements have been made with our Financial Coordinator.

Do you have dental insurance?_____If yes, please have the front desk take a copy of your card.

How do you intend to pay for today's visit?

Cash____Check____ Credit Card_____ Care Credit_____

Patient signature_____