

Dr. Franz Lucas, D.D.S.

General Dentistry

Castle Hills Dental 2540 King Arthur Blvd, Ste. 160 Lewisville, TX 75056 972-899-9288

CONFIDENTIAL PATIENT INTRODUCTION

Patient Name: _____ Date of Birth _____

 Last First MI (PREFERRED NAME)

Phone: (H) _____ (W) _____ (C) _____ E-mail: _____

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

Employer: _____ Occupation: _____

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

MALE / FEMALE Marital Status: Minor / Single / Married: Spouse Name: _____ / Divorced / Widowed

Patient Social Security # _____ Drivers License # _____

If Minor: Father's Name: _____ Business Phone: _____

 Mother's Name: _____ Business Phone: _____

Name and Address of Party Responsible for Payment of Services: _____

THE POLICY IN OUR OFFICE IS AS FOLLOWS: THE PARENT WHO REQUESTS TREATMENT FOR THE CHILD IS RESPONSIBLE FOR ALL FEES FOR SERVICES RENDERED.

Name of Dental Ins. Co: _____ Phone # _____

Name of Policy Holder: _____ Date of Birth: _____ SS # or ID # _____

Group Number: _____ Name of Employer: _____

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? _____

PURPOSE OF THIS VISIT & HOW MAY WE HELP YOU? _____

PLEASE READ THE FOLLOWING: I have completed this form fully and completely, and certify that I am the patient or duly authorized general agent of the patient, authorized to furnish the information requested. I understand that even though I may have some type of dental insurance coverage, I am responsible for payment of all services rendered for myself, my child or the person under my legal guardianship. Our office policy is to institute a service charge of 18% Annual Percentage Rate which will start to accrue on any unpaid balance 60 days after dental services are incurred.

You may be charged a missed appointment fee if cancelling with less than 24 hours notice.

We accept the following forms of payment:

Cash / Check / Credit Card (MC/Visa/Amex/Discover) / Care Credit / Chase Health Advance Card

Signature of Patient, Parent, or Responsible Party

Today's Date

