



WELCOME TO NOVA DENTAL STUDIO

Name: _____

Last

First

MI

Title

Preferred Name: _____ Male Female

Address: _____

City: _____ State: _____ ZIP: _____

SSN: _____ DOB: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Employer: _____ Occupation: _____

Marital Status: Single Married Divorced Widowed Separated

How did you hear about our office?: _____

Do you prefer to be contacted for appointment confirmation via e-mail or phone?: _____

• Insurance – Primary

Subscriber Name: _____ Relationship to Patient: _____

Subscriber DOB: _____ Subscriber SN/ID: _____

Subscriber Employer: _____ Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone: _____ Group Number: _____

• Insurance – Secondary

Subscriber Name: _____ Relationship to Patient: _____

Subscriber DOB: _____ Subscriber SN/ID: _____

Subscriber Employer: _____ Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone: _____ Group Number: _____

• Assignment and Release

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to NOVA Dental Studio all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

Patient/Guardian Signature: _____ Date: _____

CONSENT: I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care. **To avoid a broken appointment charge of \$75 for each hour, or any portion of an hour, with a hygienist, and \$100 or each hour, or any portion of an hour, with Dr Paesani. PLEASE notify us of a cancellation no less than 24 hours, or one full business day, prior to your appointment.** Voicemails left over the weekend will not constitute adequate notice and will result in a broken appointment charge.

Patient/Guardian Signature: _____ Date: _____