



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 for each hour, or any portion of an hour, with Dr. Paesani, PLEASE notify us of a cancelation 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: _____