SCOTTSDALE SMILE CENTER

5410 North Scottsdale Road, Suite D-500 | Paradise Valley, Arizona 85253
(480) 991-2180 | info@scottsdalesmile.com | scottsdalesmile.com

PATIENT INFORMATION

Name: ______________________________ Nickname: ______________________________

Male Female Date of birth: ____________________ Social Security Number: ____________________

Home Address: ____

Phone: ______________________________ E-mail Address: ______________________________

Employer: ______________________________ Occupation: ______________________________

How do you prefer to confirm your appointment? Phone call Email Text message

Previous Dentist: ______________________________ Phone Number: ______________________________

Date of last visit ______________________________ Who may we thank for referring you? ____________________

Primary Dental Insurance

Insurance Company Name: ______________________ Policy Holder Name: ______________________

Address: ______________________________ Relation: ______________________________

Phone: ______________________________ Policy Holder Date of Birth: ______________________

Member ID: ______________________________ Policy Holder Social Security Number ____________________

FINANCIAL POLICY

Our Patient-Centric Approach

At Scottsdale Smile Center, our focus is providing high-quality care that is based on your specific needs, risk factors, and treatment goals. While we understand and respect that insurance benefits are important to many patients, we firmly believe that treatment decisions should stay between you and your doctor, without allowing dental benefits to influence our ethical, tailored approach to providing patient care.

Dental Insurance and Financial Policy

Accordingly, we are not contracted with any insurance companies and are therefore considered an “out-of-network,” practice. This means that you can still use your insurance benefits, but that you will be individually responsible for the remaining portion of our fees not paid by insurance, within 60 days.

Although we are not contracted with any insurance companies, as a courtesy to our patients, we are happy to process and submit insurance claims on your behalf. While we do our best to provide our patients with the most accurate estimates of their dental coverages, we cannot guarantee what coverages, if any, your insurance company will provide. You are ultimately responsible for covering all fees associated with the treatment(s) you receive and ask that you please familiarize yourself with the specifics of your insurance company.

Appointment Commitment

If you are unable to keep your appointment, please contact us at least 48 hours in advance to cancel or reschedule. Any missed appointment may incur a fee of $50.

Patient (print name) ______________________ Patient Signature ______________________ Date __________