



SHELBY DENTAL

FAMILY — COSMETIC

Welcome to the Office of Dr. Shelby Blaylock. We're glad you're here!

PATIENT INFORMATION

Patient Name _____
(last) (first) (middle)

What is your preferred name? _____

Home address _____

Birth date _____ / _____ / _____ Social Security Number _____

Home # _____ Cell # _____

Work # _____ Email _____

Employer _____ Occupation _____

Dental Insurance _____

Group # _____ Subscriber # _____

Purpose of today's visit? _____

Who may we thank for referring you to us? _____

Spouse / Parent Name _____

Home address _____

Birth date _____ / _____ / _____ Social Security Number _____

Home # _____ Cell # _____

Employer _____ Occupation _____

Dental Insurance _____

Group # _____ Subscriber # _____

I hereby authorize payment directly to Shelby Blaylock, DDS of the group insurance benefits otherwise payable. I accept this attending dentist's statement and authorize the release of information relating thereto. I certify the truth of all personal information listed above. I understand that payment is my obligation regardless of insurance or any other third-party involvement.

Patient (Parent/Guardian) Signature _____ **Date** _____

PAYMENT OPTIONS

We are happy to offer several ways to achieve the healthy smile of your dreams without ever letting money stand in your way. It can be as simple as finding the balance between your needs and the right payment option for you. That is why we always inform you of your cost in advance of proceeding with your recommended and desired dental care. We'll help you design a plan for the timing, financing, and completion of treatment that is the best choice for you.

Dental Insurance Our administrative staff will assist you in evaluating and maximizing your dental insurance benefits. We encourage you to familiarize yourself with and understand how your policy works. Most insurance plans offer a limited benefit in a contracted year. Patients will typically have a deductible and/or a co-pay for services performed. As a courtesy to you we will file your insurance claims.

Accepted Methods of Payment Visa, MasterCard, Discover, and American Express are accepted at our office for your convenience. Cash and checks are welcomed forms of payment also.

Care Credit Care Credit is a third-party healthcare financing company. Applying is quick and easy in our office, online, or by telephone. Once your application is submitted you will receive an instant response regarding acceptance, and you may use the approved credit immediately. Dr. Blaylock offers 6, 12, and 24 months, zero interest financing options which allows flexibility and convenience managing your dental care budget.

Name of Person Responsible for Account _____

Signature _____ Date _____