

John J Christensen DDS
Intermountain Dental Care
700 North Fairfield Road, Layton Utah 84041
www.nice-smiles.com

PATIENT REGISTRATION

Patient Name _____ Patient Birthdate _____ Sex _____
Responsible Person _____ Social Security Number _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Marital Status _____ Name of Spouse _____
Closest Relative _____ Phone _____
In Case of Emergency Contact _____ Phone _____
Who may we thank for referring you? _____ E-Mail _____

Insurance Information
(If you have insurance please complete)

	1 st Insurance	2 nd Insurance
Insurance	_____	_____
Insurance Address	_____	_____
Insurance Phone Number	_____	_____
Employee/Subscriber Name	_____	_____
Employee/Subscriber ID Number	_____	_____
Employee/Subscriber Birthdate	_____	_____
Group Number	_____	_____
Place of Employment	_____	_____

Payment is expected at time of service unless prior arrangements have been approved.

- 1. Cash, Check, MasterCard, VISA, Discover Card, American Express**
- 2. Personalized Payment Plans available through Capital One.** Please ask for an application.

Terms: Net 30 days. Interest at the rate of 1 ½ % per month (18% per annum), will be charged on all past due balances. In the event the account is delinquent and satisfactory arrangements have not been made for payment, all legal fees, attorney fees, court cost and collection agency fees of us to 35% of the balance assigned, not to exceed \$5,000 of the balance assigned, **with or without suit.**

A \$35 fee will be charged for missed or cancelled appointments if 24 hour notice is not given.

Signature _____ Date _____