

# THE SMILE SALON

Note: Patients will be charged a \$50.00 fee for no-show appointments.  
We have a 24-hour cancellation requirement.

Maria Kunstadter, D.D.S.  
Michael Sigler, D.D.S.

**PLEASE PRINT**

## PATIENT INFORMATION

Last Name	First Name	Middle	Name Called	
Street Address	Apt. #	City	State	Zip Code
/ /	/ /		<b>M / F S M D W</b>	/ /
Social Security Number	Date of Birth	Age	Sex	Marital Status
		Area Code/Phone		
Employed By	Spouse's Name		Employed By	
Employer's Address		Employer's Address		
Occupation	Business Phone	Occupation	Business Phone	
How did you hear about our practice?		Your E-mail Address	Your Cell Phone	
Nearest friend or relative not living with you?		Relationship to Patient	Phone	

### POLICYHOLDER OR FINANCIALLY RESPONSIBLE PERSON

Check here if same as patient & disregard this section

Last Name	First Name	Middle	Relationship to Patient	
Street Address	Apt. #	City	State	Zip
/ /	/ /		/ /	/ /
Date of Birth	Social Security #	Area Code and Home Phone		
Employer	Area Code and Business Phone			

Have you ever taken or are you taking biphosphonates (Fosamax, Boniva, Actonel, IV Aredia or Zometa) for osteoporosis? \_\_\_\_ Yes \_\_\_\_ No

What, if anything, would you like to change about your smile? \_\_\_\_\_

\_\_\_\_\_

Describe your current dental home care: \_\_\_\_\_

\_\_\_\_\_

Our office policy is PAYMENT AT THE TIME OF SERVICE. As a courtesy to our patients, we do take insurance assignment and file your claims for you. We will hold your insurance claim for 60 days after which it becomes your responsibility. Please extend the same courtesy to us by respecting our financial policy. Finance charges of 18% may be added to overdue accounts. There will be a \$20.00 charge for all returned checks. Should attorney's fees be incurred in collecting your account, you will be required to pay those fees. I hereby authorize the release of any medical information necessary to process claims and also authorize payment of benefits to Dr. Kunstadter or Straub for services rendered. A copy of this authorization and assignment shall be considered as valid as the original.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_