

# Welcome to Our Office

## ON TRACK DENTAL

Name:	_____	_____	Birthdate: M:	_____	D:	_____	Y:	_____
	LAST	FIRST						
Address:	_____	_____	_____	_____	_____	_____	_____	_____
	UNIT #	STREET #	CITY	PROV	POSTAL CODE			
Home Phone:	_____	Cell:	_____	Work:	_____			
E-Mail:	_____	CARECARD #	_____	Employer:	_____			
Driver License:	_____	*SIN:	_____					
If you wish to put on file: Credit Card:	_____	EXP:	___/___	3 Digit Security #:	_____			
Emergency contact:	_____	Phone #:	_____					
How did you hear about us?	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper	Patient / Other:	_____				

PRIMARY INSURANCE

SECONDARY INSURANCE

\_\_\_\_\_

\_\_\_\_\_

Please Initial that you have read and understood the following:

\_\_\_\_\_ Reminder Calls/Emails: We understand that you are booking in advance and schedules get busy. We will provide you with a 2 business day courtesy call or email to you. Please let us know which number or e-mail we can reach you during office hours. If we leave you a message or send an e-mail it would be greatly appreciated if you could respond back that you have received our message.

\_\_\_\_\_ Office Cancellation Policy: Remember that once you have made an appointment, this time is reserved for you. Two working days notice is required if you are unable to keep your appointment or a charge may be applied to your account.

\_\_\_\_\_ Financial Policy: ALL FEES ARE DUE ON THE DAY OF TREATMENT. **DENTAL PLANS:** A dental plan is a contract between you and the insurance company, please be sure that your plan is in effect. We are considered a third party. As a patient you are responsible for payment for all treatment provided. Any amounts not covered by the insurance company are the patient's responsibility. Payment plans are available with arrangements made prior to services being rendered. \*A SIN number is required. Please ask the front desk staff for details.

The information provided above is true to the best of my knowledge. I have read the office policy and agree to comply.