FAMILY DENTIST TREE
1011 BEL AIR LANE N.W.
ROCHESTER, MN 55901
TELEPHONE (507) 288-1188
www.FamilyDentistTree.com

Registration Form

Today's Date _____ Gender ☐ M ☐ F Birth Date _____

Patient's Name _____ Social Security No. _____

Address _____ City _____ State _____ Zip _____

****By providing your cell phone number and/or e-mail address you consent to receive appointment reminders and information you request by e-mail and/or text. If you do not wish to receive this information via text and/or e-mail, please notify a staff member.**

Home Phone _____ Work _____ Cell _____ E-mail _____

Occupation _____ Employed by (if student, name of school) _____

Please select one: ☐ Married ☐ Single

Spouse's information (for insurance purposes) _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employed by _____ Occupation _____ SS # _____

Parent/Guardian's information (if patient is a minor) _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employed by _____ Occupation _____ SS # _____

Dental Insurance

Insurance Carrier _____ Group Number _____

Subscriber ID _____ Insurance Company Phone Number _____

Do you have secondary insurance? ☐ Yes ☐ No

Authorization and Financial Agreement for Treatment

I authorize my treatment, or treatment of my child, and also authorize release of any information relating to my insurance claims. I agree to pay all fees and charges for such treatment the day they are incurred, unless previous arrangements have been made.

Payment Options:
We offer a 5% savings for all treatment that is paid in full at the time treatment is rendered; cash, check, or credit card. Monthly payments may be arranged through several financial agencies. We can provide you with an application. Other arrangements can be discussed with our financial coordinator. In the event any amount due is not paid in accordance with Family Dentist Tree's terms, I agree not only to pay the principal and interest due, but also all costs of collection, including attorney's fees, and any other disbursements necessary to collect.

Signature _____ Date _____