

Adult Patient Information

Today's Date _____



Please fill out completely prior to your appointment.

Patient Name _____

Patient's preferred first name or nickname _____

Gender _____

Address _____

City _____

State, Zip _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Patient's Email _____

School/Occupation _____

Self: ° Primary ° Secondary

Please check one: Married Single Divorced

Address _____

City _____

State & Zip _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email for appt confirmation _____

Date of Birth _____

Social Security # _____

Employer _____

Dental Insurance
Company Name _____

Address _____

City _____

State & Zip _____

Insurance Phone _____

Group Number _____

Insurance ID # _____

Who can we discuss Diagnosis & Treatment information with: _____

Discuss Financial Info with: _____

Patient's Date of Birth _____

Dentist's name: _____

How did you hear about us? _____

Who may we thank for referring you? _____

Other friends or family who are patients here? _____

Date of last dental check-up or cleaning: _____

Please describe the reason(s) you seek orthodontic treatment _____

Spouse/Other: ° Primary ° Secondary

(If applicable for insurance purposes)

Name: _____

Please check one: Married Single Divorced

Spouse Mother Father

Grandparent Other _____

Relation to patient
Address _____

City _____

State & Zip _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Spouse's Email _____

Date of Birth _____

Social Security # _____

Employer _____

Dental Insurance
Company Name _____

Address _____

City _____

State & Zip _____

Insurance Phone _____

Group Number _____

Insurance ID # _____

Who can we discuss Diagnosis & Treatment information with: _____

Discuss Financial Info with: _____

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Thank you for calling our office for your orthodontic Exam. We are excited about meeting you to discuss the benefits and advantages of orthodontics.

- Dr. Savastano has been treating orthodontic patients for over 10 years and graduated top of his class with high honors in dental school at the University of Florida before attending Ohio State University, which is one of the top orthodontic schools in the country.
- Dr. Dunn has over 30 years experience in one of the most respected orthodontic practices in Central Florida. He graduated from the Medical College of Virginia School of Dentistry and the University of Alabama Orthodontic Residency Program.
- We are happy to accept insurance assignment if you decide to proceed with orthodontic treatment. So that we can assist you in maximizing your insurance benefit, we will need the following insurance information: 1) download the ADA Dental Insurance Claim Form please complete and sign. 2) bring your **Dental** Insurance Card, 3) and your **Dental** Insurance Company's phone number.

- **Attention Patients that do not have Orthodontic Insurance:**

To help make orthodontic treatment more affordable for those patients that do not have any orthodontic insurance to help offset the cost of treatment our practice offers three convenient payment options:

- Option 1. Our payment plans with **ChaseHealthAdvance** include:
 - A) 24 months No Interest
 - B) Extended payment plans for low monthly payments
 - C) See the ChaseHealthAdvance link to the application process on our homepage.
- Option 2. Another payment option includes a **Pay in Full** (*cash or check*) plan which offers 8% off the total orthodontic fee (after insurance and any discounts, if applies).
- Option 3. Our **In Office** payment plan requires a 30% down payment (appliance fee) with the balance due through monthly payments over a portion of the estimated treatment time. These monthly payments are automatically debited from your checking or savings account.

At the appointment, a thorough exam will be completed to determine whether orthodontic treatment is indicated. Photographs and x-rays may be taken to confirm a final treatment plan. If orthodontic treatment is indicated for you, fees and payment options will be discussed.