

# Beussink Family Dentistry

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## Patient Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_ May we contact you by text? Y N

By consenting to receive text messages from our office you are acknowledging that text messaging is not always a secure means of communication. Other individuals, such as family members, associated with that cell phone number may also receive alerts via texts

Responsible Party:  Self  Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

## Insurance Information

Name of Insured: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_ ID# \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

DO YOU HAVE ADDITIONAL DENTAL INSURANCE? YES NO

## Payment Information

Payment is due at the time of service, unless prior arrangements have been made. Any remaining balance after insurance payments are received will be billed to the patient. After 30 days account is subject to 1.5% per month finance charge or 18% per annum. If account is sent to collections patient is responsible for all collection costs, late payment charges, court costs and attorney fees.

I prefer to receive correspondences, including statements by:  Mail  E-mail  Text alert

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THIS FINANCIAL AGREEMENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Cancellation, Missed Appointment Policy

Our office is designed to give each individual our personalized care, as a courtesy we ask that *if you need to change an appointment that you give us 48 hour notice*. We reserve the right to charge \$30 per patient for failure to show up for a scheduled appointment.

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THIS CANCELLATION, MISSED APPOINTMENT POLICY

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Acknowledgement of Receipt of Notice of Privacy Practice

I \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_