



**NE-DENTAL
ASSOCIATES**

PAUL E. ORTIZ, DMD

GIVING SOMETHING TO SMILE ABOUT

A. Name _____ Marital Status (check one): Single _____ Married _____

Home Address _____ Home Phone (____) ____-____

Spouse Address _____ Home Phone (____) ____-____

Employer _____ Birthdate _____ Social Security# _____

Employer Address _____ State _____ Work Phone (____) ____-____

Spouse/Parent _____ Social Security # ____-____-____ Telephone (____) ____-____

Spouse Employer _____ Address _____ Work Phone (____) ____-____

B. If someone other than the PATIENT is responsible for payment, complete the following:

Name of the responsible party _____ Address _____

Relationship to patient _____ Social Security # ____-____-____ Home Phone(____) ____-____

Employer _____ Address _____ Work Phone(____) ____-____

C. In case of EMERGENCY:

Relative to contact (other than spouse) _____ Phone(____) ____-____

Other person to contact (not relative) _____ Phone(____) ____-____

D. How do you intend to pay? Cash ___ Check ___ Credit Card ___ Insurance ___ Other ___

Primary Insurance Co. _____ Address _____ Phone(____) ____-____

Name of Insured _____ Policy# _____ Group# _____

Secondary Insurance Co. _____ Address _____ Phone(____) ____-____

Name of Insured _____ Policy# _____ Phone(____) ____-____

E. If accident or injury:

Workers compensation Carrier or Auto insurance Carrier _____

Address _____ phone(____) ____-____

F. Please sign and return to receptionist:

I acknowledge that I am financially responsible for all charges, regardless of insurance status. If it becomes necessary to effect collections of any amount owed on this or subsequent visits the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment of benefits.

Signature _____ Date _____

Responsible Party _____ Date _____

Please Note: X-rays and Dr. Exams with Propy's are "The Standard Of Care" established by the Oregon Board of Dentistry. We must take X-rays and the Dr. must examine your teeth at least once per year in order to do your propy.