

Andrew Z. Green DDS
3926 Traxler Ct.
Bay City, MI 48706

Patient Information

Welcome to the practice of Andrew Z. Green, DDS. We are very pleased that you have chosen us to assist you with your dental care and treatment. We will make every attempt to provide you with the quality of dental care that you expect and deserve.

Appointment Policy: Your time is very valuable, as is ours. We kindly ask that you provide us with **24 hours notice** if you need to cancel or reschedule your appointment. We have the right to charge a \$30 “no-show” fee to your account for failed appointments.

Preventative Maintenance: We take great pride in our work. It is our joint responsibility to see that your dentistry is properly cared for after completion. Therefore, we provide a comprehensive preventative maintenance program for our patients. We assist you in scheduling regular professional cleanings and examinations. Our goal is to help you maintain a healthy and attractive smile for life.

In order to help us render the proper dental services to you, please answer the following questions. Please add any additional remarks or comments in the space provided at the bottom. Thank you!

Date _____ How did you hear about us? _____

Name _____ SSN# _____
(Last) (First)

Address _____
CITY ZIP

Home Phone _____ Date of Birth _____ Sex (circle) M F

Height _____ Weight _____ Occupation _____

Place of Employment _____ Phone _____

Cell Phone _____ Email Address _____

Marital Status (circle) S M W D

Spouse's Name _____ Spouse's SSN# _____

Spouse's Place of Employment _____

Who will be responsible for this account? _____

Address & Phone Number, if different _____

Type of Dental Insurance (if applicable) _____

Name & Address of Family Physician _____

Physician's Phone Number _____

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Our Payment Policy

It is the policy of this office to establish a basic fee for each service rendered. These fees are determined by the time involved and the complexity of the procedure. The fees are the same for all patients whether or not they have insurance. Unless unusual circumstances occur, this will be our usual and customary fee. We will be happy to furnish information regarding these fees upon request.

These will be billed through our office as it is understood that the payment for dental services performed is the obligation of the patient and unrelated to any insurance coverage, as the contract is between you and your insurance company. Our staff will assist you in obtaining the maximum benefits available to you under the terms of your policy. In most cases, insurance does not cover the full cost of care. This is designed to reduce your cost but not to eliminate it completely. Therefore, we cannot accept insurance reimbursement as full payment for the services rendered.

We encourage immediate payment for all services at the time the services are rendered unless other arrangements have been made prior to treatment. To assist you in payment of your account, we offer you several payment options. Please speak to a member of our front desk staff for further information on payment options offered.

If it becomes necessary to place your account for collection, you will be responsible for the collection fee and any attorney fees incurred during attempts to collect your delinquent account.

“I understand and agree to the above payment policy and accept responsibility for payment to this office for services rendered.”

“I authorize treatment by Dr. Green and his designated staff.”

Signature of patient/guardian or person responsible for payment

Date