

Fred T. Ridge, D.D.S

Patient Information

115 Turnberry Way

Pinehurst, N C, 28374

(910) 695-3100

Fax: (910) 695-3126

Patient 's Name: _____ Birth Date: _____

Street: _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Employer: _____ SS#: _____

Work Address: _____

E-mail: _____

Married _____ Single _____ Widowed _____ Child _____

Person responsible for account: _____ Relation: _____

Address: _____

State: _____ Zip _____ Phone Number _____

How did you learn about our office: _____

Purpose of initial visit: _____

Previous Dentist _____

Phone Number _____ Last visit _____

Nearest relative, not living with you: _____

Address _____ Phone _____

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## INSURANCE INFORMATION

NONE \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insured Member \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_

We will gladly file your dental insurance, as a courtesy for you. Just know that your insurance will pay a percentage for most procedures, not in full.

## METHOD OF PAYMENT

To receive payment in full when services are rendered is our financial guideline. Cash, personel check, VISA or MasterCard is accepted. If an extensive dental treatment is required the Financial Coordinator will work with you on a financial arrangement.

Signature of responsible party: \_\_\_\_\_

Relation : \_\_\_\_\_