

# GET ACQUAINTED QUESTIONNAIRE

In order for us to better serve you, please fill in the following information completely on both sides.

Mr.  
Mrs.  
Name Miss \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Employer \_\_\_\_\_  
Email \_\_\_\_\_ Cell \_\_\_\_\_

I would like to receive appointment reminders by email:  YES  NO By text message:  YES  NO

Status (please circle): Married Single Child Other \_\_\_\_\_

For child or teenager, please list:

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Who may we contact in case of emergency? \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Who will be responsible for this account?

Name \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

For those with dental insurance only:

Dental Insurance \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy Holder ID/SSN \_\_\_\_\_ Group # \_\_\_\_\_

I authorize the release of information relating to claims for my dental treatment. I understand that my patient portion is due at time of service unless otherwise arranged prior to treatment, and that any portion not covered by insurance is my responsibility. I hereby authorize payment directly to Southbridge Dentistry of the group insurance benefits otherwise payable to me. I understand if I do not release payment, I will have to pay all dental fees at time of service and be reimbursed by insurance upon claim processing.

\_\_\_\_\_  
Signed (Patient, or Parent if minor)

\_\_\_\_\_  
(Date)

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (You May Refuse to Sign This Acknowledgement)**

I have received a copy of Southbridge Dentistry's Notice of Privacy Practices.

\_\_\_\_\_  
Signed (Patient, or Parent if minor)

\_\_\_\_\_  
(Date)

For Office Use Only: We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:  Individual refused to sign  Communications barriers prohibited obtaining the acknowledgement  An emergency situation prevented us from obtaining acknowledgment  Other \_\_\_\_\_

