**New Patient Form**

**Any new appointments will be scheduled TWO WEEKS OUT (unless it’s an emergency)**; this gives us time to pull their benefits, get their x-rays from their prior dentist, etc.

* If the patient is part of a family (example-child of patient, spouse of patient, etc), you would ADD that patient to the correct family file by going to the family file, selecting FILE, then selecting NEW PATIENT WITH APPOINTMENT.
* If it is an emergency appt, we require FULL payment up front by cash or card UNLESS there is time for the Insurance Manager to check their insurance benefits.  **If we are extremely busy, this may not happen, thus the patient would be required to pay in full.** We would either apply their balance to following appointments or we would reimburse the patient if their insurance pays.
* **New Appointment**
* **New Patient**
* **Enter in his/her information and referral information**
* **After completed go to their appointment on the schedule screen and highlight it.**
* **After highlighting the name, go to the Family File**
* **Under Family File, go to File, then New Patient With Appointment**
* **Enter in any additional information**
* **MAIL their new patient packet to them with a self-addressed return envelope.**

Name:

 Last First MI Preferred

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social:  - -

Address: Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Dentist : phone:

Reason for Appointment:

**\* If the patient has seen their previous dentist in the last two years, we need any x-rays faxed or emailed to us. Fax to 423-246-7220 or email to** **merendinodds@gmail.com****.**

Insurance Name: Group Number :

ID # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this policy under a year old: YES NO

Policy Holder’s Name: Relation to Patient:

Employer of Policy Holder:

Policy Holder’s Social: - - Policy Holder’s Birthdate:

Provider Contact #: (this will be on the back of the card in fine print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_