

**Five Points Dental**

**Dr. Ronald K. Roessler**

1529 Margaret St Jacksonville, Florida 32204 (904)356-4880

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Parents Name, if patient is a minor \_\_\_\_\_ E-mail \_\_\_\_\_

Patient Employed By \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

If using a Credit Card, number \_\_\_\_\_ Exp Date \_\_\_\_\_

Drivers License # \_\_\_\_\_

How did you hear about our office? (circle one) RapNewspaper Yellow Pages Drive By Internet  
Patient \_\_\_\_\_ other \_\_\_\_\_

**Full payment is due at the time of service. We accept cash, checks, Visa, MasterCard and American Express.**

**\*\*\*Regarding your dental insurance:** *Your insurance is a contract between you, your employer and your insurance carrier. We are not a party of that contract. As a courtesy to our patients, we accept assignment of benefits directly from your insurance company for their covered percentage of each procedure. However, if we DO NOT receive payment from your insurance company within 35 days of the submission date, you will be expected to pay for all dental services in full. Any credit cards on file can be processed for payment on past due balances. Our practice is committed to providing the best treatment possible for our patients regardless of what insurance covers. Our fees reflect what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We will assist you in every possible way to help you understand the terms of your insurance coverage pertaining to our dental services provided.*

**\*\*\* Unpaid balances are subject to collection fees, billing fees, court fees and interest rate of 20% on any balances over 30 days. The returned check fee is \$50.00. We require a 48 hour notice on all appointment changes. There is a \$30.00 fee for all failed, rescheduled and broken appointments of 1 hour or less. There is an additional \$15.00 for every 30 minutes thereafter. If you have any questions regarding our financial policies please feel free to ask.**

**\*\*\*By signing below, you are agreeing to the above policies\*\*\***

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_