Nyffeler's
East Troy Family Dental

Patient's Name: _____ D.O.B: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Please Circle One: Home | Cell | Work Phone #: (_____)_____

Please Circle One: Home | Cell | Work Phone #: (_____)_____

Please Circle One: Home | Cell | Work Phone #: (_____)_____

Email Address: _____

Marital Status: _____ Drivers License #: _____

S.S. No: _____-_____-_____ Employer: _____

Method of Payment: (please circle one): Cash | Check | VISA/MC | Insurance

Who Carries Insurance: (please circle one): Self | Spouse | Parent | N/A

Dental Insurance Carrier: _____ ID #: _____

Group #: _____ If Patient is under the age of 18, name of individual who is financially responsible for Patient: _____

Spouse's Name: _____ D.O.B: _____/_____/_____

Spouse's Employer: _____ S.S. No: _____-_____-_____

If you have dental insurance, we will file the claims for you, as a complimentary service. It is very important that the correct insurance information is provided at the time of patient's appointment. If this information changes, it is the patient's responsibility to update East Troy Family Dental at the earliest convenience. While we do our best to verify dental benefits prior to your first appointment, this does not guarantee coverage or payments to East Troy Family Dental. We do accept payments from the dental insurance companies; however, we are not contracted with them. It is a contract between you, your employer and the insurance company.