EXCEL DENTAL
Smile Healthy.

1701 W James River Rd, Ozark, MO 65721
417 581-3600
www.exceldental.com

Name _____ SS# _____
Last First Middle

Preferred Name _____ Date of Birth _____ ❑Male ❑Female Marital Status _____

Address _____

City/State/Zip _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

May we call you at your work number? _____

Who may we thank for referring you to our office? _____

How did you hear of our office? ❑Website ❑Newspaper ❑Magazine ❑Outside Sign ❑Physician ❑Yellow Pages
❑Other _____

Spouse/Responsible Party information

Name _____ SS# _____

Address _____ City/State/Zip _____

Phone _____ Email _____ Date of Birth _____

Employer _____ Occupation _____

Method of payment or co-payment: ❑Cash ❑Check ❑Visa ❑MasterCard ❑Discover ❑Care Credit or other finance company

Insured's Name _____ Insured's Employer _____ Date of Birth _____

Dental Insurance Company _____ Address _____

Group _____ Policy # _____ ID# _____

In an emergency, who should be notified? Name _____ Phone Number _____

I certify that I have completed this form fully and completely. The above information is accurate to the best of my knowledge and I understand that providing false information can be dangerous to my health. I grant authority to the Dentist and staff to perform the necessary exam, x-rays, and subsequent treatment needed to restore and maintain my dental health or the health of my dependent.

I authorize and request my insurance company to pay benefits on my behalf directly to the dentist. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents, including any collection costs.

Signature _____ Date _____