

Thank you for selecting us.

To help us meet all your healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us and we will be happy to help.

Welcome

New Patient Information

Patient's Last Name (please print)

First Name

Middle Name

Home Address

City

State Zip

Home Phone #

Cell Phone #

Work Phone #

Social Security #

Birthdate

Driver's License #

Marital Status

Spouse SS #

Spouse's Birthdate

Spouse's Last Name

Spouse's First Name

Spouse's Middle

Patient's Employer Name

Employer Address

City, State, Zip

Primary Insurance

Insurance Address

City, State, Zip

Insurance Phone #

Subscriber/Contract #

Group #

Spouse's Employer Name

Employer Address

City, State, Zip

Secondary Insurance

Insurance Address

City, State, Zip

Insurance Phone #

Subscriber/Contract #

Group #

Name of Emergency Contact

Phone #

Relationship

How did you hear of our practice? (check one please)

_____ Referral: If so, by whom? _____

_____ Advertisement: If so, which? _____

_____ Other: Please Explain _____

Denise Acierno, DDS, PLC.
424 W. 5th Street, #100
Royal Oak, MI 48067
(248) 548-6365

Financial Options

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visits here more pleasant, please don't hesitate to ask one of our team members.

Dr. Denise Acierno does request payment in full for your portion at the time of service. we accept MasterCard, Visa, cash or check. If you need an extended finance program we also work with Care Credit and Capital One Healthcare Finance which offer interest free programs and low interest programs which are designed to meet your treatment plan needs. Just ask one of the patient service team members for an application.

I have read, understood and accept the terms of the above outlined policies for financial commitments that may incur as a result of treatment at Dr. Denise Acierno's office.

Signature _____ Date _____