Crystal Lake Pediatric Dental, Ltd.

Dentistry for Infants, Children and Teens
ANTHONY L. MINUTILLO, D.D.S., M.S.D.

Encounter Record

Date: _____

About Your Child

Child's Name: _____
Nickname: _____ ❑ Female ❑ Male
Child's Birthdate: ___/___/___ Child's Age: _____
Child's Home Address: _____
_____
_____
Child's Home #: _____ SS #: _____
Whom may we thank for referring your child? _____
_____
Other Family members seen by us: _____
_____

Who is accompanying the child today?

Name: _____
Relationship to Child: _____
Name of person with legal custody of the child: _____
_____

Mother's Information ❑ Stepmother ❑ Guardian

Name: _____
Address: _____
_____
Wk#: _____ Ext.: _____ Hm#: _____
Employer: _____
SS#: _____ DL#: _____

Father's Information ❑ Stepfather ❑ Guardian

Name: _____
Address: _____
_____
Wk#: _____ Ext.: _____ Hm#: _____
Employer: _____
SS#: _____ DL#: _____

Person Responsible for Account

Name: _____
Relationship to Child: _____
Billing address: _____
_____
Wk#: _____ Ext.: _____ Hm#: _____
SS#: _____ DL#: _____

Primary Dental Insurance

Insurance Co. Name: _____
Insurance Co. Address: _____
_____
Insurance Phone #: _____
Group # (Plan, Local, or Policy #): _____
Insured's Name: _____
Relationship to Patient: _____
Insured's Birthdate: ___/___/___ SS# _____
Insured's Employer: _____
Orthodontic coverage? ❑ Yes ❑ No

Prev: _____
Deduct: _____
Basic: _____
Major: _____
Max: _____
Annual Benefit: _____
Amount already used: _____
N_2O _____
Sealants _____
FTX _____

Secondary Dental Insurance

Insurance Co. Name: _____
Insurance Co. Address: _____
_____
Insurance Phone #: _____
Group # (Plan, Local, or Policy #): _____
Insured's Name: _____
Relationship to Patient: _____
Insured's Birthdate: ___/___/___ SS# _____
Insured's Employer: _____
Orthodontic coverage? ❑ Yes ❑ No

Prev: _____
Deduct: _____
Basic: _____
Major: _____
Max: _____
Annual Benefit: _____
Amount already used: _____
N_2O _____
Sealants _____
FTX _____

Medical Insurance

Insurance Co. Name: _____
Insurance Co. Address: _____
_____
Insurance Phone #: _____
Group # (Plan, Local, or Policy #): _____
Insured's Name: _____
Relationship to Patient: _____
Insured's Birthdate: ___/___/___ SS# _____
Insured's Employer: _____

Prev: _____
Deduct: _____
Basic: _____
Major: _____
Max: _____
Annual Benefit: _____
Amount already used: _____

Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA and the ADA

Authorization and Release

I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to my child during the period of such dental care to third party payors and/or other health practitioners. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less that the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

Signature of patient or parent, if minor _____ Date: _____

For your convenience, we offer the following methods of payment.
Please check the option which you prefer.
Payment in full at each appointment.
_____ Cash
_____ Personal Check
_____ Credit Card _____ Visa _____ MC # _____
_____ I wish to discuss the dental office's policy.

Late Charges

If I do not pay the entire new balance within 25 days of the monthly billing date, a late charge of 1.5% on the balance then unpaid and owed will be assessed each month. I realize that failure to keep this account current may result in you being unable to provide additional dental services except for dental emergencies or where there is prepayment for additional services. In the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances.

Thank you for filling out this form completely. The information you have provided will help us serve your dental healthcare needs more effectively and efficiently. If you have any questions at anytime, please ask - we are always happy to help.