



LAKEWINDS
DENTAL CENTRE

— your reason to smile —

Jason Martin, DDS & Jason Schlueter, DDS Phone: (231)845-7240
409 W Ludington Ave, Suite 101, Ludington, MI 49431 smiles@lakewindsdental.net

Patient Registration

Patient

FIRST Name	LAST Name	MI	Preferred Name
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Date of Birth	Social Security #
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Mailing Address	City	State	Zip
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Primary Phone #	Secondary Phone #	Email
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Responsible Party (If someone other than the Patient)

FIRST Name	LAST Name	MI	Relationship to Patient
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Date of Birth	Phone #	Email
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Dental Insurance Policy Holder

FIRST Name	LAST Name	MI	Date of Birth	Social Security #
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Dental Insurance Company	Group Name/Employer	Group #	Primary ID
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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

We respect our legal obligation to keep health information, that identifies you, private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

- ☐ I understand and acknowledge my rights as detailed in the Notice of Privacy Practices Presented.
- ☐ I understand and consent to my dental/medical information being used as described.
- ☐ I understand the terms and authorize the practice to disclose my dental/medical information to those parties if mentioned below.

If Personal Representative/Relationship to Patient:

Release of confidential dental/medical information & appointment times: Any information related to dental/medical care and appointment times is considered confidential and will not be released to anyone without my permission. I hereby give my permission for any medical/dental information and appointment times related to this patient to be given to:

Name:	Phone Number:	Relationship to Patient:
Name:	Phone Number:	Relationship to Patient:

Patient Printed Name

Date of Birth

Patient/Guardian Signature

Date

Payment due at time of Service

Our dentists and team at Lakewinds Dental Centre are committed to keeping you well-informed about your available financial options. We will discuss your treatment cost with you prior to treatment and if financial arrangements are needed, we will gladly discuss all the options with you. We do ask that insurance co-pays or out of pocket percentages are paid **at the time of service**. We accept cash, checks, Visa, MasterCard, Discover, American Express and Care Credit. If you have any questions about your expected out of pocket or our financial options, please contact our office before your appointment.

Appointment Confirmations

We **require** a confirmation at least 2 business days before, to ensure we can honor appointments. Confirmations can be made via response to our appointment communications through email (week prior), text (3 days prior) or phone call. ***DO NOT CONFIRM** and call us if you have had symptoms of illness within **14 days** of the appointment.

Missed Appointments

If you are unable to keep your appointment, please contact our office at least **48 hours** in advance so that we may accommodate other patients. We understand circumstances and emergencies do arise that are beyond control. However, repeated missed appointments not only jeopardizes your dental health but **will result in a missed appointment fee of \$27.00**. If multiple failed appointments occur, we will still see you at our practice. However, due to your attendance record we will not be able to reserve a timeslot at our office for you. This means we can schedule you in on a **same day** basis.

UNDERSTANDING DENTAL INSURANCE

Dental insurance is not designed to pay for all dental care. Most contracts have limits and/or various degrees of co-payments. We participate with most dental insurance companies and will submit your claim, as a courtesy to you, regardless of whether we are in or out of network. To assure accurate processing of all services, we need your assistance in providing insurance carrier information to us. It is **your responsibility to know** if your insurance is in or out of network for our providers.

Please remember that **your insurance policy is a contract between you and your insurance company**. We are not a party to that contract. Please be aware that some, perhaps all, of the services provided may be non-covered services. All non-covered services will be your responsibility. **Please check with your insurance carrier before receiving services.**

All levels of payments by insurance companies, including allowable fees, usual and customary (UCR) are governed by premiums paid. They have nothing to do with actual charges. Our fees are based upon a combination of our costs, our time and dedication to providing our patients with the highest quality and most comprehensive dental care. The treatment recommended by our office is not based on what your insurance company will pay; your treatment should not be governed by your insurance contract.

We hope this information has been helpful. Please take time to review your contract thoroughly so we may best serve you. As always, you may feel free to ask our team for clarification on services, billing and insurance.



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RECORDS RELEASE AUTHORIZATION

Jason Martin, DDS & Jason Schlueter, DDS

Phone: (231)845-7240

smiles@lakewindsdental.net

409 W Ludington Ave, Suite 101

Ludington, MI 49431

I hereby authorize and request copies of my current x-rays and treatment information to be released.

Records Released From:

Dentist Name, Location, Phone, Email

Records Released To:

Dentist Name, Location, Phone, Email

Thank you.

Patient Printed Name

Date of Birth

Patient/Guardian Signature

Date