

Terri L. Kinnee D.D.S. COSMETIC AND FAMILY DENTISTRY

Patient Information

Name _____
Last First Initial

Address: _____

City _____ State _____ Zip _____

Telephone _____ Work _____

Cell _____ Pager _____

Date of Birth _____ Social Security _____

Married Single Minor Male Female

If full time Student, School Name, City, and State _____

Person Responsible for the Account-Please circle one:

Patient Spouse Mother Father Guardian

Insurance Information

Primary Insurance

Secondary Insurance

Insured _____

Insured _____

Employer _____

Employer _____

SS# _____

SS# _____

ID# _____

ID# _____

Name of Insurance _____

Name of Insurance _____

Insurance Ph# _____

Insurance Ph# _____

Group # _____

Group # _____

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

6127 S. Rainbow Blvd., Suite 100, Las Vegas, NV 89118

Phone (702) 631-3530 Fax (702) 631-3529

www.kinneedental.com

Terri L. Kinnee D.D.S.
COSMETIC AND FAMILY DENTISTRY

Our Policy of Care and Payment

Providing high quality care is the goal of our practice. Payment is due at the time of treatment. We accept Cash, Check, and Major Credit Cards.

We also have a flexible payment plan called Capital One and Care Credit, which allows you to start your treatment today and spread payments over time. Applying for Capital One and Care Credit only takes a few minutes and there is no fee to apply. If you choose this option, please ask for an application. We will need a driver's license and major credit card to apply.

Please indicate below, the form of payment you wish to choose for services rendered or to settle your account.

- _____ Cash or Check
- _____ Credit Card
- _____ Bankcard
- _____ Capital One or Care Credit

Date _____ Signature _____