

**Ron S. Cavola, D.D.S., P.C.**  
**Preventative, Cosmetic, and Restorative Dentistry**  
**2005 Honey Creek Pkwy.**  
**Conyers, Georgia 30013**

# Welcome

**PATIENT INFORMATION (CONFIDENTIAL)**

Date \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Driver's License# \_\_\_\_\_ SS# \_\_\_\_\_  
Marital Status \_\_\_\_\_ Gender \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Patient's or Parent's Employer \_\_\_\_\_  
If Patient is a Student, Name of School/ College \_\_\_\_\_  
Whom May We Thank for Referring You? \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**RESPONSIBLE PARTY**

Name of Person Responsible for this Account \_\_\_\_\_ Relationship  
to Patient \_\_\_\_\_  
Address \_\_\_\_\_ Home# \_\_\_\_\_  
Driver's License# \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate \_\_\_\_\_  
Employer \_\_\_\_\_ Work # \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insured \_\_\_\_\_ Relationship  
to Patient \_\_\_\_\_  
Birthdate \_\_\_\_\_ SS# \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

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If additional insurance, please complete the following.

Name of Insured \_\_\_\_\_ Relationship  
to Patient \_\_\_\_\_  
Birthdate \_\_\_\_\_ SS# \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

I, the undersigned (patient or legal responsible party), authorize treatment to be rendered and assume financial responsibility. I acknowledge that all non-current balances and accounts over sixty days will be charged a service charge of 1.5% per month (18% annually) on the unpaid balance. Any professional courtesy and/or budget account balances will be added back to the account. The cost incurred in collecting this account including court costs, agency fees, and attorney fees will be added to your balance due.

X \_\_\_\_\_  
Signature of Person Responsible for Account