

William J. Peterson DDS
Donald A. Sunde DMD

Creekside Business Park, 1540 140th Ave NE, Suite 101, Bellevue, Washington 98005
(425) 883-6044

PATIENT INFORMATION

NAME _____ SOCIAL SECURITY NO. _____
ADDRESS _____ EMAIL _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ BIRTHDATE _____
EMPLOYED BY _____ BUSINESS PHONE _____
NAME OF SPOUSE OR PARENTS _____
WHAT PROMPTED YOU TO SEEK DENTAL CARE AT THIS TIME? _____

FORMER DENTIST _____
WHO MAY WE THANK FOR THIS REFERRAL? _____

IN CASE OF EMERGENCY

PERSON TO CONTACT OTHER THAN SPOUSE/PARENT _____
RELATIONSHIP TO PATIENT _____ PHONE _____

INSURANCE INFORMATION

ARE YOU COVERED BY DENTAL INSURANCE? _____ YES _____ NO
SUBSCRIBER NAME _____ BIRTHDATE _____
EMPLOYED BY _____ SUBSCRIBER ID NO. _____
INSURANCE COMPANY _____ GROUP NO. _____
ADDRESS _____
PAYOR ID NO. _____

SECOND INSURANCE COMPANY (IF APPLICABLE)
SUBSCRIBER NAME _____ BIRTHDATE _____
EMPLOYED BY _____ SUBSCRIBER ID NO. _____
INSURANCE COMPANY _____ GROUP NO. _____
ADDRESS _____
PAYOR ID NO. _____

Note: As a convenience to you, we will submit all claims directly to your insurance company. Your signature below will authorize direct remittance of insurance payments to this office, and to release information necessary to process the insurance claim. Your signature will also acknowledge financial responsibility for all charges, including all court costs and collection fees.

CONSENT: I authorize Dr. Peterson and Dr. Sunde to perform any and all forms of dental treatment, medication, and therapy that may be indicated and further authorize and consent that Dr. Peterson and Dr. Sunde choose and employ such assistance as deemed appropriate. I also understand that responsibility for payment for Dental Services provided in this office for myself or my dependants is mine. I further understand a 1% finance charge (12% annually) will be added to any balance over 60 days. A fee may be charged for appointments cancelled without 24 hour notice.

Patient/Parent Signature _____ Date _____

*****OVER PLEASE*****