

*Esthetic Image Dentistry, P.A.*

JoJo Y. Cheung, D.D.S.  
4708 W. Plano Parkway, Suite 100  
Plano, TX 75093

***PATIENT INFORMATION:***

Patient's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Wishes to be called: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_  
E-mail Address: \_\_\_\_\_  
Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Referred by: \_\_\_\_\_

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***RESPONSIBLE PARTY***

Who is responsible for the account?  
Name: \_\_\_\_\_  
Relationship to patient \_\_\_\_\_  
Birthdate \_\_\_\_\_ Soc.Sec# \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address (if different from patient) \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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In the event of an emergency, who should we contact?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# **WELCOME TO ESTHETIC IMAGE DENTISTRY!**

## ***Office Policies & Financial Responsibilities Acknowledgement***

Thank you for selecting Esthetic Image Dentistry and the office of Dr. JoJo Cheung! As a patient of Esthetic Image Dentistry, you have our commitment to provide the most comprehensive and personal dental care possible. If ever you have any questions, require special assistance or have concerns, please ask us - we are happy to help whenever possible.

It is important that our patients are familiar with our office policies regarding scheduling, changing and/or canceling appointments, understand our role in filing insurance claims on their behalf and their responsibility for any service (or portion of service) not covered by insurance. By signing this document, you acknowledge that you have read and understand our policies and accept your financial responsibility for services rendered by Dr. Cheung.

### *Cancellation Policy*

If you cannot keep your appointment, please advise us within 48 hours' of your appointment time to avoid a cancellation fee.

### *Insurance*

Esthetic Image Dentistry files insurance as a courtesy to its patients. By signing this document, you authorize the release of any pertinent information relating to your dental claims or that of your minor dependants; authorization must be obtained prior to filing an insurance claim on your behalf. Additionally, all patients understand that, if for any reason any portion of charges for service is not paid by their insurance carrier, the outstanding balance is their responsibility. Esthetic Image Dentistry cannot maintain outstanding patient balances beyond 45 days from date of service. Patients are expected to pay any outstanding balance(s) after 45 days; however, Esthetic Image Dentistry will assist them in obtaining reimbursement from their insurance carrier. Any patient disputes regarding which procedures have or have not been covered must be resolved with the patient's employer and/or insurance carrier, but do not change the patient's ultimate responsibility and/or timely payment for services.

### *Estimates and Treatment Plans*

Esthetic Image Dentistry provides treatment plans outlining the doctor's recommended course of treatment for your special circumstances and dental health. Patient Treatment Plans are designed to optimize the patients' dental health and are intended to estimate potential costs. Upon request, Esthetic Image Dentistry will gladly file pre-determinations of benefits with its patients' insurance carrier and continue to work with its patients to appropriately utilize their benefits whenever possible. Though treatment plans are established and presented, actual treatment may be altered due to subsequent findings during actual treatment.

\_\_\_\_\_  
Patient's/Guardian's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient's/Guardian's Printed Name