Print Form

ERIC L. FUGIER, D.D.S., D.S.O, N.D.

Aesthetic, Prosthetic, Implant and Laser Dentistry

WELCOME TO OUR OFFICE

Please complete both sides of these forms. All information is **strictly confidential**.

PERSONAL DATA

OCCUPATION _____ EMPLOYER _____
BUSINESS ADDRESS _____ PHONE ( ) _____

NAME (Mr., Mrs., Ms.) _____
(Last) (First) (Middle)

HOME ADDRESS _____
CITY _____ ZIP CODE _____
PHONE: HOME _____ WORK _____
PORTABLE _____ FAX _____
EMAIL _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH ___/___/___
MARITAL STATUS: ❑ Married ❑ Single ❑ Divorced ❑ Widowed
SPOUSE _____ PHONE _____
OCCUPATION _____ EMPLOYER _____
BUSINESS ADDRESS _____
NAME OF PERSON TO NOTIFY IN CASE OF EMERGENCY _____
ADDRESS _____ PHONE _____
PHYSICIAN'S NAME _____ DATE OF LAST VISIT _____
ADDRESS _____ PHONE _____
LAST DENTIST _____ DATE OF LAST VISIT _____
ADDRESS _____ PHONE _____
REFERRED BY _____

FINANCIAL DATA

Please provide the office manager with your insurance card or complete the following:

DENTAL INSURANCE COMPANY _____
ADDRESS _____ CITY _____
PHONE _____
MEMBER SOC. SECURITY # _____ MEMBER BIRTHDATE _____
MEMBER EMPLOYER _____
RELATIONSHIP TO MEMBER _____
MAJOR CREDIT CARD: ❑ VISA _____ or/
❑ AMER. EXP. _____

PERSON (PARENT OR GUARDIAN) RESPONSIBLE FOR PAYMENT:

NAME _____ PHONE _____
ADDRESS _____ CITY _____

(Please complete both sides)

POLICY OF OUR OFFICE

APPOINTMENTS: So that we may maintain the operation of our office on sound principles and to assure you and other patients of uninterrupted treatment, it is necessary for all patients to accept and adhere to a definite arrangement of appointments. Once you have made an appointment, remember this time is reserved for you. Therefore *we kindly request that at least 24 hours notice be given if cancellation is absolutely necessary*: **otherwise charges will be made for all missed appointments.**

INSURANCE: In order to prevent misunderstanding about dental insurance, we wish our patients to know that all dental services furnished are charged directly to the patient, and that patients are personally responsible for payment of bills. We will prepare necessary reports to help collect your benefits from insurance companies. However, it must be understood that we do not render services on the basis that insurance companies will pay all our charges.

MUTUAL ARBITRATION AGREEMENT

1. It is understood that any dispute as to dental malpractice that is as to whether any dental and TMJ therapy related services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law and not by lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

2. It is understood by signing the Arbitration Agreement, that Dr. Eric L. Fugier and

I, _____ and my husband/wife _____
patient's name spouse's name

are agreeing to resolve any dispute whether those claims or disputes are for the negligence of the above-named individuals or actions to collect debts, as indicated in Article One (1) of this agreement.

3. I understand by signing this agreement, it will bind the above-named individuals, Dr. Eric L. Fugier, his employees and heirs. I also understand that I will be binding my heirs, executors, administrators and representatives.

4. We agree to be bound by the commercial and dental arbitration rules of the American Arbitration Association.

NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF DENTAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

DATED _____ ,20 _____
Date signed Year

_____
Patient's Signature

_____
Doctor's Signature

Beverly Sunset Medical Building ▪ 9201 Sunset Blvd ▪ Suite 901 ▪ Los Angeles CA 90069
Tel. (310) 859-1575 ▪ Fax (310) 859-1017