



Dear Patient:

Welcome to the office of Dr. Susan Christensen! Thank you for choosing Eastview Family Dental. This packet provides important information to help you become familiar with our practice. We welcome the opportunity to introduce ourselves and look forward to providing you with gentle, exceptional care.

**A little bit about us:** Dr. Sue Christensen grew up in Lincoln, attended Southeast High School and graduated from the University of Nebraska College of Dentistry in 1981. As a third-generation dentist, she continues to uphold the same values that were important to her grandfather, Dr. Merrit Pederson and her father Dr. Harold Maude. Her philosophy of dental care is one of prevention and preservation in the most comfortable and conservative way.

**More about us:** We are devoted to maintaining, restoring, and enhancing your healthy smile and oral health. We offer a full scope of general and cosmetic dentistry and utilize conservative procedures with state-of-the-art technology that will result in a healthy, beautiful and long-lasting smile for you!

To provide you with a great first visit that is focused on your oral health, we would like to ask that you please complete all the enclosed paperwork and bring the forms to your scheduled appointment.

**Please bring the following to your appointment:**

- Completed Paperwork
- Completed Health History Forms (listing current medications and doses)
- HIPAA Agreement
- Financial Agreement
- Dental Insurance Card
- Identification Card such as driver's license
- Any Doctor Release if needed, due to recent surgery or replacement surgery
- Any Dental X-rays you have had taken within the last 5 years, they can be requested from your previous dentist and emailed to us at [finance@eastviewfamilydental.com](mailto:finance@eastviewfamilydental.com)

**Our location:** On the North side of South Street between S. 56th and S. 57th Street

**Cancellation Policy:** We ask for help from our patients when it comes to keeping their commitment to their scheduled appointments. Please call as soon as possible if it becomes necessary to re-schedule your appointment with us.

**Financial:** Payment is expected at the time of service. For your convenience, our office will file your dental insurance claim if you have dental insurance, we will do our best to give you your estimated fee due for services and anything remaining would be billed to you after your insurance claim is paid. We accept Cash, Checks, Credit Cards, HSA Cards, and CareCredit. Please let us know if you have any questions concerning financial arrangements, we are happy to assist you!

Thank you for choosing Eastview Family Dental – Where Technology and Comfort Meet! When you visit our office, you will experience genuine compassion combined with state of the art technology to provide you with the exemplary level of care you deserve.

**Eastview Family Dental**

Susan Christensen, DDS • (402)489-0787 • 5640 South Street, Suite 1, Lincoln, NE 68506 • [smilenebraska.com](http://smilenebraska.com)

WELCOME to Eastview Family Dental, Dr. Susan Christensen's Office

Adult Patient Information (19 and up):

Today's Date: \_\_\_/\_\_\_/\_\_\_

First \_\_\_\_\_ M. Last \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Cell: \_\_\_-\_\_\_-\_\_\_ home: \_\_\_-\_\_\_-\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ SOC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who may we thank for referring you: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_ Relationship: \_\_\_\_\_

Minor  Single  Married  Divorced  Widowed  Separated

Student, if yes...  Full-Time or  Part-Time

Name of School/College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please indicate how you wish to be contacted for appointment confirmation (circle all that apply): Text Phone Call email

Responsible Party:

Name of person responsible for your account: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_

Relationship to responsible party:  Self  Spouse  Parent/Guardian  Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SOC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is this person currently a patient of our office?  yes  no

Employer: \_\_\_\_\_ Employer Phone: \_\_\_-\_\_\_-\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For your convenience, we will submit your dental claim, in addition, we offer the following methods of payment:

Cash, Check, Credit Card, HSA Card, CareCredit. (See Financial Policy in this packet)

Please let us know if you have any questions regarding our payment options.

Insurance Information: – WE WILL NEED A COPY OF YOUR CARD

Name of Insured: \_\_\_\_\_ Insured's Phone: \_\_\_-\_\_\_-\_\_\_

Relationship to Insured:  Self  Spouse  Parent/Guardian  Other \_\_\_\_\_

Is this person currently a patient of our office?  yes  no

Insured's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SOC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone: \_\_\_-\_\_\_-\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have an additional dental insurance policy?  yes  no If yes, add secondary insurance info to next page....

**Secondary Insurance Information:**

Name of Insured: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to Insured:  Self  Spouse  Parent/Guardian  Other \_\_\_\_\_

Is this person currently a patient of our office?  yes  no

Insured's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Use:

Insurance Yearly Maximum Benefit:

Annual deductible:

Preventative: \_\_\_\_\_ Basic: \_\_\_\_\_ Major: \_\_\_\_\_ Ortho: \_\_\_\_\_

Replacement policy: \_\_\_\_\_