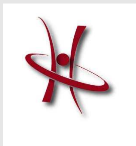

HOANG ORTHODONTICS, P.A.
Houston, Texas 77065
281-955-0380
281-955-0392 (fax)
www.bracesaregreat.com

NEW PATIENT FORM

At which location would you like to be seen? Fry Rd or FM 1960 West

Do you carry any type of insurance ? If yes, please complete Primary Ins Info below	
Have you ever seen an orthodontist before?	
If NO: Is there anything specific you are concerned about?	
If YES: Did the orthodontist explain your (child's) problem to you? Are you seeking a second opinion at this time?	
How did you hear about Dr. Hoang?	
Insurance / Location / Neighborhood letters / Website / Internet search / Patient / Dentist / Others	
Get all info relating to referral (name, phone, etc…)	
If dental transfer/referral, get dentist's/orthodontist's name… Was there something specific that Dr…… said that made you seek Dr Hoang's opinion?	

Patient Information

Name: ______
DOB: ______ Age: ______ Gender: ______
Address: ______
City: ______ State: ______ Zip: ______
Home #: ______ Work #: ______ Cell#: ______
Email address: ______

Responsible person(s) if patient is under 18 years of age

Name: ______ Relationship: ______ Phone#1: ______ Phone#2: ______
Name: ______ Relationship: ______ Phone#1: ______ Phone#2: ______

Primary Insurance Information:

Insured Name: ______ DOB: ______
Member ID: ______ Group Number: ______
Employed by: ______
Insurance Company Name: ______
Phone: ______ Fax: ______
Address: ______

ORTHODONTIC COVERAGE (to be verified by office)

Life time max:		***Used benefits:***	
Percent coverage:		***Remaining benefits:***	
Deductible:		***Effective date:***	
Age limit:		***Preexisting:***	
Electronic filing accepted? *circle* ***Y/N***	***Are pmts automatic after first filing?*** *circle* ***Y/N***	***Must I file?*** *circle* ***Quarterly / Monthly***	***Payments made?*** *circle* ***Quarterly / Monthly***
Spoke to:		***Date:***	