

**BOBBY Y. WANG, DDS, PC**

**115 EAST 86 STREET**

**NEW YORK, NY 10028**

**212-744-1409**

**We like to welcome you to our practice and thank you for choosing us for your dental treatment. Please take a moment to complete the form below.**

**Name: \_\_\_\_\_ Date: \_\_\_\_\_**

**Who can we thank for referring you to us? \_\_\_\_\_**

**Please return this form, your medical history form, and HIPPA Acknowledge and Consent form to our front desk.**

**We ask that you pay for your dental treatment at each visit. For your convenience we accept cash, personal check, American Express, Visa, MasterCard and Discover as methods of payment.**

**If you have dental insurance, please provide us the appropriate information on your insurance identification card. We do not participate in any PPO Plans and do not accept assignment of payment from insurance. Your insurance carrier will reimburse you directly. You can take your insurance form and file it yourself or we will be happy to file it for you. Please let our front desk know.**

**We are pleased to be an integral part in your dental health and have set aside time for your appointment. We understand sometimes it is necessary to cancel an appointment. In consideration of others, we ask that if you need to cancel your appointment please observe our cancellation policy:**

**Our office requires 24 hours' notice for all appointment cancellations. If 24 hours' notice is not given, a cancellation fee of \$100.00 will be charged to your account.**

**Patient signature: \_\_\_\_\_**