



**NEW PATIENT APPOINTMENT \$99 Special
Acknowledgment of New Patient Terms and Conditions Form**

Patient's First Name *(Please print)*: _____ **Last Name:** _____

I understand that I am at Gulf Cove Dental today for a new patient appointment. I acknowledge that as a New Patient I am entitled to the exam and x-rays (*ADA 0150 & 0210*). I am here today for the new patient special and today's appointment will be with the Dentist and will include an exam and x-rays only. Once this appointment is completed, Gulf Cove Dental will inform you on what dental cleaning best fits you.

By signing this form, I fully understand what is stated above and ADA services 0150 & 0210 will be submitted to my insurance and whatever is not covered is my responsibility as a patient. If you do not have dental insurance, \$99 will be due today. As a courtesy we will submit this to your insurance.

Patient's Signature: _____ **Date:** _____