WELCOME TO OUR PRACTICE

Please take a few minutes to answer the following questions so we can assist you with your dental needs.

PATIENT INFORMATION :

Today's Date_____ Birth Date _____Patient Social Security # _____

Patient Name _____

(Last Name) (First Name) (Middle Initial)

Street Address_____

City _____ State _____Zip_____

Patient Home Phone _____ Patient Work Phone _____Cell Phone _____

Email Address_____

Occupation _____ ☐ Male ☐ Female ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Employer _____ Employer Phone _____

Employer Address _____

IN CASE OF EMERGNECY CONTACT:

Name _____ Relationship _____

Emergency Home Phone _____ Emergency work Phone _____

Whom may we thank for referring you? _____

PRIMARY DENTAL INSURANCE:

Individual responsible for this account_____

(Last Name) (First Name) (Middle Initial)

Relationship to Patient _____ Birth Date _____ Social Security # _____

Street Address _____ Home Phone_____

City _____ State _____ Zip_____

Responsible Party Employed by _____ Business Phone _____

Insurance Company _____ Insurance Address_____

Subscriber I.D.# _____ Group # _____

ADDITIONAL DENTAL INSURANCE:

Insured Individual's Name _____

(Last Name) (First Name) (Middle Initial)

Relationship to Patient _____ Birth Date _____ Social Security # _____

Street Address _____ Home Phone_____

City _____ State _____ Zip_____

Responsible Party Employed by _____ Business Phone _____

Insurance Company _____ Insurance Address_____

Subscriber I.D.# Group #

ASSIGNMENT AND RELEASE:

I authorize my insurance company to pay to the dentist or dental group all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I authorize the dentist to release all information necessary to secure the payment of benefits.

I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature _____ Date _____

Payment is due in full at the time of treatment unless prior arrangements have been approved.