Patient Information

Patient Name: ____ Nickname________________
Last First Middle

MailingAddress: ____
Street City State Zip

Physical Street Address: ____
(If different from above) Street City State Zip

E-mail: ____________________@____________.com

Home Phone # ____-____-_____ Cell Phone # ____-____-______Work Phone # (if ok to call you there) ____-____-______ext._____

Birthday: ______/______/______ Social Security # ______/______/______

Employer/School: ____ Position/Grade/Rank ______________

Emergency Contact Name: ________________________ Phone # ____-____-____ Relationship: ______________________

Who may we thank for referring you to our office? ____

Insurance

***As a courtesy our office will bill your dental insurance carrier. If you would like to utilize this service and to ensure the proper billing of your dental claims we ask that you provide us with the information below.**

***Primary** Dental Insurance Policy Holders Name: ____
First Last Middle

Social Security #: ______-______-______ Insurance ID # ______________________ Employer: _______________________

Dental Insurance Company: ____

Claims mailing address: ____
Street or P.O. Box# City State Zip

Your relation to policy holder: ____________________________

****Secondary** Dental Insurance Policy Holders Name: ____
First Last Middle

Social Security #: ______-______-______ Insurance ID # ________________________ Employer: ____________________

Dental Insurance Company: ____

Claims mailing address: ____
Street or P.O. Box# City State Zip

Your relation to policy holder: ____________________________

Responsible Party Information

***The parent or legal guardian who brings a child under the age of 18 into the office and authorizes treatment is the person responsible for the account and any unpaid balances.**

Person Responsible For Payment: ____
Last First Middle

Mailing Address: ____
Street City State Zip

Birthday: _____/_____/_____ Social Security # ____-____-____Home Phone #: ____-____-____ Cell Phone #: ____-____-____

Work # (if ok to contact you there) ______-______-______ext.______

Employer: ________________________