

Patient Information

Today's Date _____

Patient's Name _____ SSN _____

Sex F M Date of Birth _____ Marital Status: Single Married Widowed Separated Divorced

Mailing Address _____

City _____ State _____ Zip code _____ Home Phone _____

Cell Phone _____ Email _____

Patient Employed by _____ Occupation _____

Business Address _____ Business Phone _____

Business Email _____

Who may we thank for referring you? _____

Notify in Case of Emergency _____ Contact Phone _____

Email _____

Primary Insurance

Person Responsible for Account _____

Relation to Patient _____ Date of Birth _____ SSN _____

Address (if different from patient) _____ Home Phone _____

City _____ State _____ Zip code _____

Cell Phone _____ Email _____

Person Responsible Employed by _____ Occupation _____

Business Address _____ Business Phone _____

Business Email _____

Insurance Company _____ Phone _____

Insurance Email _____

Contract # _____ Group # _____ Subscriber # _____

Name of other dependents under this plan _____

Additional Insurance

Is patient covered by additional insurance? Yes No

Subscriber Name _____ Relation to Patient _____ Date of Birth _____

Address (if different from patient) SSN _____

City _____ State _____ Zip code _____ Home Phone _____

Cell Phone _____ Email _____

Subscriber Employed by _____ Business Phone _____

Business Email _____

Insurance Company _____ Phone _____

Insurance Email _____

Contract # _____ Group # _____ Subscriber # _____

Name of other dependents under this plan _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I authorize the insurance company indicated on this form to pay the dentist all insurance benefits otherwise payable to me for the services rendered.

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 time of treatment, unless prior arrangements have been approved.
There may be a charge for missed appointments unless there is 24 hour notification.**