

NAME _____ DATE _____ DOB _____

MAILING ADDRESS _____ CITY _____ STATE _____

ZIP _____

HOME PHONE _____ WORK PHONE _____ CELLPHONE _____

EMAIL _____

DO YOU PREFER CALLS AT: HOME WORK CELLPHONE DRIVER LICENSE # _____

MAY WE TEXT MESSAGE YOU TO CONFIRM APPOINTMENTS? YES OR NO SS# _____

ARE YOU: UNDER 18 years OLD SINGLE MARRIED DIVORCED SEPARATED WIDOWED

PERSON TO CONTACT IN CASE OF EMERGENCY: _____ PHONE _____

ARE YOU A FT STUDENT? YES OR NO

IF YES, NAME OF SCHOOL/COLLEGE _____ CITY _____ STATE _____

NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT _____ RELATIONSHIP TO PATIENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EMAIL _____

SS# _____ DOB _____ DRIVER LICENSE # _____

IS THIS PERSON CURRENTLY A PATIENT IN OUR OFFICE? YES OR NO

NOTE: PAYMENT AND CO-PAYMENTS ARE DUE AT THE TIME OF VISIT. WE DO NOT SEND MONTHLY STATEMENTS.

WE ACCEPT ALL MAJOR CREDIT CARDS/DEBIT CARDS, CASH, CHECK AND CARE CREDIT

EMPLOYER NAME: _____ EMPLOYER ADDRESS: _____

DATE EMPLOYED: _____

DENTAL INSURANCE INFORMATION

IF ALL INFORMATION IS NOT PROVIDED WE WILL BE UNABLE TO FILE YOUR DENTAL CLAIMS FOR YOU

NAME OF DENTAL INSURANCE _____ NAME OF POLICY HOLDER _____

POLICY HOLDER DOB _____ POLICY HOLDER SS#/ID# _____ RELATIONSHIP TO POLICY
HOLDER _____

INSURANCE CO ADDRESS _____ CITY _____ STATE _____ ZIP _____

DENTAL INSURANCE GROUP # _____ WHAT IS YOUR ANNUAL BENEFIT MAXIMUM? \$ _____

HAVE YOU USED ANY OF YOUR BENEFITS FOR THIS CALENDAR YEAR? YES OR NO

EMPLOYER NAME: _____ EMPLOYER ADDRESS: _____ DATE
EMPLOYED: _____

SECONDARY INSURANCE INFORMATION (IF APPLICABLE)

NAME OF DENTAL INSURANCE _____ NAME OF POLICY HOLDER _____

POLICY HOLDER DOB _____ POLICY HOLDER SS#/ID# _____ RELATIONSHIP TO POLICY

HOLDER _____

INSURANCE CO ADDRESS _____ CITY _____ STATE _____ ZIP _____

DENTAL INSURANCE GROUP # _____ WHAT IS YOUR ANNUAL BENEFIT MAXIMUM? \$ _____

HAVE YOU USED ANY OF YOUR BENEFITS FOR THIS CALENDAR YEAR? YES OR NO

EMPLOYER NAME: _____ EMPLOYER ADDRESS: _____ DATE

EMPLOYED: _____