

## PATIENT REGISTRATION

Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
*(Last) (First) (Middle initial)*

How do you wish to be addressed ? \_\_\_\_\_ Sex:  Male  Female

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell # \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Single  Married  Divorced  Separated  Widowed

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Spouse Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

In Case Of Emergency, who should be notified ? \_\_\_\_\_ Telephone Number \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

## ACCOUNT INFORMATION

Who is responsible for this account \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have Dental Insurance ? Yes  No  Name of Employee \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Employee Birth Date \_\_\_\_\_

Employee's Employer \_\_\_\_\_ Business Address \_\_\_\_\_

Name of Dental Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

ID Number \_\_\_\_\_ Names of Covered Dependents \_\_\_\_\_

Are you covered under a second Dental Insurance plan ? Yes  No  Employee Name \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Employee Birth Date \_\_\_\_\_

Subscriber Employer \_\_\_\_\_ Business Address \_\_\_\_\_

Name of Dental Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

ID Number \_\_\_\_\_ Name of covered dependents \_\_\_\_\_

## AUTHORIZATION AND RELEASE

I have read and answered the above questions to the best of my knowledge. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I authorize the doctor 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. I authorize the use of this signature on all insurance claims.

\_\_\_\_\_  
*(Signature of patient or parent if minor)*

\_\_\_\_\_  
*(Date)*

**Payments and co-payments are due in full at time of treatment**