WELCOME TO OUR PRACTICE Today's Date_____

Please answer the following questions so we can better assist you with your dental needs

PATIENT INFORMATION

Patient Name _____
I prefer to be called _____
Street Address _____
City _____ State _____ Zip _____
Birth Date _____ Social Security #_____ S____M____W___D____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Employer_____ Email address_____
Emergency Contact _____ Phone Number (____)_____
Full Time Student ____Y ____ N College Name _____
Whom may we thank for referring you _____

PRIMARY DENTAL INSURANCE

Individual responsible for this account _____
Relationship to patient _____ Birth date _____ SS#_____
Street Address (if different from above) _____
City _____ State _____ Zip _____
Employed by _____ Phone Number (_____)_____
Dental Insurance Company _____
Insurance Company Address _____
City _____ _____ State _____ Zip _____
Subscriber I.D. # _____ Group # _____

SECONDARY DENTAL INSURANCE

Insured's Name _____
Relationship to patient _____ Birth date _____ SS#_____
Street Address (if different from above) _____
City _____ State _____ Zip _____
Employed by _____ Phone Number (_____)_____
Dental Insurance Company _____
Insurance Company Address_____
City _____ State _____ Zip _____
Subscriber I.D. #_____ Group # _____

ASSIGNMENT AND RELEASE

I authorize my insurance company to pay 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 for myself and my dependents. A service charge of 18% may be added on all balances over 30 days. I (we) promise to pay legal interest together with such collection costs and attorney fees as may be required to effect collection.***

SIGNATURE _____

PAYMENT IS DUE IN FULL AT THE TIME OF TREATMENT UNLESS PRIOR ARRANGEMENTS HAVE BEEN APPROVED