

# PATIENT REGISTRATION

(PLEASE PRINT)

Date \_\_\_\_\_ Phone #'s \_\_\_\_\_ Text message reminder of appt?   
Patient Name \_\_\_\_\_ Cell \_\_\_\_\_   
Preferred Name \_\_\_\_\_ Home \_\_\_\_\_   
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex M  F  Work \_\_\_\_\_   
Your Social Security # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Referred by \_\_\_\_\_  
Employed by \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Status  Minor  Single  Married  Separated  Divorced  Widowed

## DENTAL INSURANCE INFORMATION

### PRIMARY INSURANCE

Insured's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Insured's SS# \_\_\_\_\_ Insured's date of birth \_\_\_\_\_  
Insurance ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Insured's Employer & Address \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_

### SECONDARY INSURANCE

Insured's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Insured's SS# \_\_\_\_\_ Insured's date of birth \_\_\_\_\_  
Insurance ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Insured's Employer & Address \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # /Cell # \_\_\_\_\_ Work # \_\_\_\_\_

## ACCOUNT INFORMATION

Person ultimately responsible for payment  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Billing Address \_\_\_\_\_  
SS# \_\_\_\_\_ Work # \_\_\_\_\_

*I understand the above information and guarantee this form was correctly completed to the best of my knowledge. I understand that my insurance is a contract between my insurance carrier and me, and that I am financially responsible for all charges whether or not paid by insurance.*

*By signing this form, I authorize my insurance rights and benefits directly to the provider for the services rendered and I authorize the use of this signature on all insurance submissions.*

Signature \_\_\_\_\_  
 Adult patient  Parent or Guardian  Spouse