

**About You** Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

I prefer to be called: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ SS# \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_ Single \_\_ Married \_\_ Partnered \_\_ Divorced/Separated \_\_ Widowed

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work # \_\_\_\_\_ Ext: \_\_\_\_\_

Where & when are best times to reach you? \_\_\_\_\_

Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

\_\_\_\_\_

How long there? \_\_\_\_\_ Occupation \_\_\_\_\_

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

Other family members seen by us: \_\_\_\_\_

Previous/Present Dentist: \_\_\_\_\_

Phone # \_\_\_\_\_

**Primary Insurance**

Do you have dental Coverage \_\_ Yes \_\_ No

Insurance Co. Name: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Subscriber bday: \_\_\_/\_\_\_/\_\_\_ ID: \_\_\_\_\_

Group #: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_

**Secondary Insurance**

Dental Coverage \_\_ Yes \_\_ No

Insurance Co. Name: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Subscriber bday: \_\_\_/\_\_\_/\_\_\_ ID: \_\_\_\_\_

Group #: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_

**Payment is due in full at the time of treatment**  
 unless prior arrangements have been approved.

If you have dental benefits, we will submit your claim as a courtesy for you. However, payment in full is due at the time of service unless prior payment arrangements have been made. Please be aware, not all services are covered by all insurance policies and the "usual and customary charges" quoted by your benefits carrier does not necessarily reflect our fees.

I hereby authorize release of any information, including diagnosis and records of treatment or examination rendered, to my insurance company.

As health care providers, our relationship is with you, not your insurance company. While filing insurance claims for our patients is a courtesy, I understand that I am responsible for all costs of dental treatment.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Spouse Information / Emergency Contact**

His/Her Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Wk# \_\_\_\_\_ Ext \_\_\_\_\_ SS# \_\_\_\_\_

Relative or Friend not living with you

His/Her Name: \_\_\_\_\_

Wk# \_\_\_\_\_ Home# \_\_\_\_\_