



Insurance & Financial Information

Name: _____ Date: _____
Last First MI

How do you prefer to be addressed? _____

Address City State Zip Phone # Alt. #

Birthdate: _____ Email: _____
Month Day Year

Social Security #: _____ Married Single Minor Male Female

How do you prefer to be contacted? All Listed Home Work Email

Insurance Information

Primary Insurance Yes No

Last First MI

Birthdate (Mo/Day/Yr) Relationship to Patient

Work Phone Cell Phone Email

Employer Whom Provides Insurance

Employer Address City State Zip

Dental Insurance Company Phone Number

SS# Subscriber # Group#

Dental Insurance Co. Address City State Zip

Secondary Insurance Yes No

Last First MI

Birthdate (Mo/Day/Yr) Relationship to Patient

Work Phone Cell Phone Email

Employer Whom Provides Insurance

Employer Address City State Zip

Dental Insurance Company Phone Number

SS# Subscriber # Group#

Dental Insurance Co. Address City State Zip

Emergency Contact & Relationship

Name of Contact Your Relationship to Contact Person

Address City State Zip Phone # Alt. #

Release Information

You may discuss my healthcare with the following:

Healthcare Providers: Yes No

Insurance Companies: Yes No

Others: _____

I hereby authorize my insurance benefits to be paid directly to the dentists. I am financially responsible for any balances due and authorize the dentists to release any information for this claim. I authorize that my records can be used by the doctor if he so determines. I consider of the services rendered to me by this dental office, I am obligated to pay said office in accordance with its credit terms and policy.

I consent to making of videotapes, photographs, and x-rays before, during and after treatment, and to use the same by the doctor in scientific papers, demonstrations and/or presentations.

I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved.

Signature of patient or responsible party Date State Driver's License #

Witness Signature Date