

**Patient Information**

date / /

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver Lic. # \_\_\_\_\_

Address: \_\_\_\_\_ Apt. or unit: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_ Cell \_\_\_\_\_

Marital Status:  M  D  S  W Name of spouse: \_\_\_\_\_

Are you a full time student: \_\_\_\_\_ Name of school: \_\_\_\_\_

Referred by: \_\_\_\_\_

I would prefer to be contacted at:  home  work  cell phone

Payment is due at the time of treatment. Payment plans are only accepted if prior arrangements are made.

Method of payment:  Cash  Check  Credit card

Patient is:  Policy Holder  
 Responsible Party

**Responsible Party/Policy Holder Information (if someone other than patient)**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Or unit: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Responsible party is also a Policy Holder for Patient  Primary Insurance Policy Holder  Secondary Ins

**Primary Insurance Information**

Policy Holder Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Insurance phone: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group #: \_\_\_\_\_ Annual deductible: \_\_\_\_\_ Maximum: \_\_\_\_\_

**Secondary Insurance Information**

Policy Holder Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Insurance phone: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group #: \_\_\_\_\_ Annual deductible: \_\_\_\_\_ Maximum: \_\_\_\_\_

**NOTE: It is the patient's responsibility to know and understand their dental insurance benefits. Our office will make every attempt to verify insurance coverage, but due to the tremendous diversity of limitations and exclusions of each insurance plan, we will not guarantee any dental benefits. It is highly recommended that extensive treatment be pre-authorized with your dental insurance company prior to the start of treatment.**