PATIENT INFORMATION

Last name _________________________ **First name** ______________________ **Date of birth** ___/___/____

SSN _________________ **Home Phone** (____) __________________ **Cell phone** (____) _______________

Work phone (____) _______________ **Email address** ____

Address ____ **City** __________________ **Zip Code** _________

- Parent's last name if different than child's ____________________________

Who can we thank for referring you? ____

OR How did you hear about us? (i.e. internet, newspaper ad)_____________________________________

How would you prefer to be contacted? Email Text Phone All

What would you like to accomplish during your first visit at our office?

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Date of last dental visit _______________________ **Date of last x-rays** _________________________

Are you covered by a dental insurance? Yes No

Are you covered by more than one dental insurance? Yes No

In whose name is the dental insurance? ____________________________ Date of birth ____/____/____

Primary insurance company name and address ____

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Primary Employer ______________________________ Primary subscriber ID _____________________

Secondary insurance company name and address ____

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Secondary Employer ____________________________ Secondary Subscriber ID ______________________

Who will be responsible for payment? Name ____________________________ Phone: _______________

Address ____

TO ALL OUR PATIENTS

Insurance is a method for reimbursing patients and not a substitute for payment. As a courtesy to our patients, the staff will work with you to help determine your benefits. Also, we will complete and submit all insurance claim forms. Payment, that which is not covered by insurance, is expected at the time of service.
I authorize the release of any medical information necessary to process insurance claims and authorize payment of insurance benefits to Smile Dental Center. I certify that the above information is correct and understand that I am financially responsible for all charges.

Signature ____ **Date:** _____/_______/_______