

ID: _____ Chart ID: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Patient Is: Policy Holder Responsible Party Preferred Name: _____

RESPONSIBLE PARTY (if someone other than the Patient)

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cellular: _____ Pager: _____

Birth Date ____/____/____ Soc Sec: ____/____/____ Drivers Lic: _____

Responsible Party is also a Policy Holder for Patient Primary Insurance Policy Holder Secondary Insurance Policy Holder

PATIENT INFORMATION

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cellular: _____ Pager: _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widowed

Birth Date ____/____/____ Age: ____ Soc Sec: ____/____/____ Drivers Lic: _____

E-Mail Address: _____ @ _____ Yes, I would like to receive correspondences via e-mail

Section 2

Section 3

Employment Status: Full Time Part Time Retired

Student Status: Full Time Part Time

Medicaid ID: _____ Preferred Dentist: _____

Employer ID: _____ Preferred Pharmacy: _____

Carrier ID: _____ Preferred Hygienist: _____

Referred By: _____

Previous Dentist: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

PRIMARY INSURANCE INFORMATION

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc Sec: ____/____/____ Insured Birth Date: ____/____/____

Employer: _____ Insurance Company: _____

Address: _____ Address: _____

Address 2: _____ Address 2: _____

City/State/Zip _____ City/State/Zip _____

Rem. Benefits: _____ Rem. Deductible: _____ Member ID Number: _____

SECONDARY INSURANCE INFORMATION

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc Sec: ____/____/____ Insured Birth Date: ____/____/____

Employer: _____ Insurance Company: _____

Address: _____ Address: _____

Address 2: _____ Address 2: _____

City/State/Zip _____ City/State/Zip _____