

**PATIENT REGISTRATION**

DATE: \_\_\_\_\_

PERSON RESPONSIBLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUS. ADDRESS \_\_\_\_\_

**PATIENT INFORMATION**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

REFERRED BY \_\_\_\_\_ PREVIOUS DENTIST \_\_\_\_\_

**INSURANCE INFORMATION**

SUBSCRIBER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

INS. CO. ADDRESS \_\_\_\_\_

**SECONDARY INSURANCE INFORMATION**

SUBSCRIBER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

INS. CO. ADDRESS \_\_\_\_\_

We will gladly bill your insurance company for you upon request. We are only able to bill for insurance benefits when we are given **ACCURATE AND COMPLETE** billing information. It is the responsibility of each patient to know his or her plan benefits and billing information. **Even though your insurance has been billed, you are responsible for all charges incurred.** You will receive a statement each month if your account has an outstanding balance.