

# Dental Registration

## Patient's Information

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address

City

St

Zip

Date of Birth: \_\_\_\_\_ Sex:  M  F Nickname: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Married  Divorced  Single  Widowed  Partnered

Patient Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

Employer/School Phone: \_\_\_\_\_

In Case of Emergency, Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

## Dental Insurance

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #/ID #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

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

Is patient covered by additional insurance?  Yes  No

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #/ ID #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

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

## Assignment and Release

I, certify that I, and/or my dependent(s), have insurance coverage with \_\_\_\_\_

Name of Insurance Company (ies)

And assign directly to Dr. \_\_\_\_\_ all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above-named dentist may use my health care information and may disclose such information to the above-named insurance company (ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

\_\_\_\_\_  
Signature of Patient, Parent, Guardian or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name of Patient, Parent, Guardian or Personal Representative

\_\_\_\_\_  
Relationship