

### PATIENT REGISTRATION

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

How do you wish to be addressed: \_\_\_\_\_

(Circle One) Single Married Divorced Widowed Minor

Residence Address, Street: \_\_\_\_\_

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

Telephone: Res. \_\_\_\_\_ Bus. \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Patient Employed By: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Employed By: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

#### DENTAL INSURANCE 1<sup>ST</sup> COVERAGE

Employee Name: \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

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

Name of Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

#### DENTAL INSURANCE 2<sup>ND</sup> COVERAGE

Employee Name: \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

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

Name of Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**WE ARE IN-NETWORK PROVIDERS FOR WEA AND DELTA DENTAL PREMIER INSURANCE ONLY!  
ALL OTHER INSURANCES WE ARE OUT-OF-NETWORK.  
PATIENTS ARE RESPONSIBLE FOR CHARGES NOT PAID BY INSURANCE.  
IF YOU DO NOT HAVE INSURANCE, WE DO ASK FOR PAYMENT IN FULL ON THE DAY OF SERVICE.**

#### RELEASE

I authorize the dentist to perform diagnostic procedures and treatment as may be necessary for proper dental care.  
I authorize release of any information concerning my (or my child's) health care, advise and treatment provided for the purpose of evaluating and administering claims for insurance benefits.  
I authorize release of any information concerning my (or my child's) health care, advise and treatment to another dentist.  
I understand that I am responsible for all costs of dental treatment.  
I give my permission to the office to use my photographs in any presentation without recourse or compensation.  
I hereby authorize payment of insurance benefits directly to the dentist, otherwise payable to me.  
I attest to the accuracy of the information on this page.

Patient's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_