

Thank you for selecting us for your dental healthcare! To help us meet your needs, please fill out this information form. If you have any questions or need assistance, please ask us and we'll be happy to help.

### **Patient Information**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

By what name do you prefer us to call you? \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_(\_\_\_\_) \_\_\_\_\_ Work Phone \_(\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Check appropriate box:  Single  Married  Divorced  Widowed  Separated  Student

(If you are a student, name of school and town \_\_\_\_\_ Full time / Part time

E-mail address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Employer (or Spouse's Employer) \_\_\_\_\_

Employer Address \_\_\_\_\_

Where may we call you for appointment confirmation?  Home  Office  Cell

May we leave messages on your answering machine or voice mail?  Yes  No

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

### **Dental Insurance Information**

Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Is this person currently a patient in this office?  Yes  No

Name of Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group ID Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Maximum annual benefit \_\_\_\_\_ How much have you used this year? \_\_\_\_\_

How much is your deductible? \_\_\_\_\_

**Do you have any other dental insurance?**  No  Yes **If yes, please complete the following:**

Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group ID Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Maximum annual benefit \_\_\_\_\_ How much have you used this year? \_\_\_\_\_

How much is your deductible? \_\_\_\_\_

**DRIVER'S LICENSE NUMBER** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_