



PATIENT REGISTRATION

PLEASE COMPLETE THE FOLLOWING CONFIDENTIAL INFORMATION

Patient Information			
DATE	NAME		
SOC. SEC #		BIRTHDATE	
SPOUSE			
ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL PHONE	
MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>
EMAIL ADDRESS			
If This Appointment Is For Your Child, Start Here			
DATE	NAME		
ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL PHONE	
BIRTHDATE		AGE	GRADE
SCHOOL			

Dental Insurance		
PRIMARY CARRIER		
INSURANCE COMPANY		
ADDRESS		
CITY	STATE	ZIP
SUBSCRIBER		
BIRTHDATE		
GROUP NO.		
SOCIAL SECURITY NO.		
SECONDARY CARRIER		
INSURANCE CO.		
ADDRESS		
CITY	STATE	ZIP
SUBSCRIBER		
BIRTHDATE		
GROUP NO.		
SOCIAL SECURITY NO.		

Account Information		
PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT		
YOUR NAME		
OCCUPATION		
EMPLOYER		
BUSINESS ADDRESS		
CITY	STATE	ZIP
BUSINESS TELEPHONE		EXT.
YOUR SPOUSE'S NAME		
OCCUPATION		
EMPLOYER		
BUSINESS ADDRESS		
CITY	STATE	ZIP
BUSINESS TELEPHONE		EXT.

Getting to Know You		
WHOM MAY WE THANK FOR REFERRING YOU TO US?		
NAME OF OTHER FAMILY MEMBERS WHO ARE PATIENTS HERE		
FORMER ADDRESS		
CITY	STATE	ZIP
PERSON TO CONTACT FOR EMERGENCY		
PHONE NUMBER		
ADDRESS		
CITY	STATE	ZIP

FINANCIAL AGREEMENT

I agree to pay all fees and charges for treatment of the person names above. I agree to pay all charges for me and members of my family shown by statements, promptly upon presentment thereof, unless credit arrangements are agreed upon in writing. In the event legal action should become necessary to collect an unpaid balance due for services rendered to me or my family, I/we agree to pay collection fees, reasonable attorney's fees, filing fees, and any other such costs as the Court determines proper.

It is agreed that payment will not be delayed or withheld because of any insurance coverage or the pendency of claims thereon, and all proceeds of insurance are assigned to this office where applicable, but without their assuming responsibility for collection thereof.

Signature _____

Date _____