

PATIENT REGISTRATION

ID _____ CHART ID _____

First Name _____

Last Name _____ Middle Initial _____

Preferred Name _____

WHOM may we thank for referring you? _____

Patient is: Policy Holder
Responsible Party

Responsible Party (if someone other than patient)

First Name _____ Last Name _____ Middle Initial _____

Address _____ Address 2 _____

City, State, Zip _____

Phones Home _____ Work _____ Cellular _____

Birth date _____ Soc. Security # _____ Drivers License _____

Responsible party is also a policy holder for patient

Primary insurance policy holder

Secondary insurance policy holder

Patient information

Address _____ Address _____

City _____ State Zip _____

Phones Home _____ Work _____ Cellular _____

Sex Male Female Indicate: Married Single Divorced Separated Widowed

Birthdate _____ Age _____ Soc. Security # _____ Drivers Lic. _____

E-mail _____ I prefer to receive correspondence via e:mail.

Section 2

Employment status: Full Time Part Time Retired

Student status: Part Time Part Time

Medicaid ID _____

Employer ID _____

Carrier ID _____

Preferred dentist _____

Preferred hygienist _____

Preferred pharmacy _____

Section 3

Physician's name _____

Physician's phone # _____

Emergency contact name _____

Emergency contact # _____

Mom's cell # _____

Dad's cell # _____

Primary insurance information

Name of insured _____

Insured Soc. Security # _____

Employer _____

Address _____

Address 2 _____

City,State,Zip _____

Rem. Benefits _____ .00 Rem. Deduct _____

Spouse Child
 Self Other

Relationship to insured _____

Insured birth date _____

Insurance company _____

Address _____

Address 2 _____

City,State,Zip _____

Secondary insurance information

Name of insured _____

Insured Soc. Security # _____

Employer _____

Address _____

Address 2 _____

City,State,Zip _____

Rem. Benefits _____ .00 Rem. Deduct _____

Spouse Child
 Self Other

Relationship to insured _____

Insured birth date _____

Insurance company _____

Address _____

Address 2 _____

City,State,Zip _____