DENTAL REGISTRATION

TIM BELNAP DDS 858-484-9222

1. PATIENT INFORMATION

Date_____
Mr.__ Mrs.__ Ms.__ Miss___

Patient Name: _____
Last Name

_____
First Name MI

I prefer to be called_____

Address: _____

_____

Sex M F Age_____

Birth date_____

SS# _____

Married Widow(er) Single
Minor Separated Divorced

Patient or Parents
Employer_____

Employer Phone (____) _____

Spouse's Name_____

Spouse's Birth date_____

Spouse's Employer_____

Spouse's Work Number_____

Whom may we thank for referring you? (How did you hear about our practice?)

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2. PHONE NUMBERS (How may we contact you?)

Home: (____)_____
Work: (____)_____ Ext_____
Cell: (____)_____
E-mail_____
Best time and phone number to reach you_____

IN CASE OF EMERGENCY CONTACT
(Specify someone who does not live in your house)

Name:_____Relationship_____

Home_____

Work_____Cell_____

3. **DENTAL INSURANCE**

Name of insured_____

Relationship to Patient_____

SS# or Dental ID# of insured _____

Birth Date of insured _____

Insurance Co._____

Group # _____

Is the patient covered by additional (secondary) insurance?
Yes No

Name of insured_____

Relationship to the patient_____

Birth Date of insured_____

SS# or Dental ID# of insured_____

Insurance Co._____

Group # _____

ASSIGNMENT AND RELEASE

I certify that I, and/or my dependent(s) have insurance coverage with_____
Name of Insurance Company

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 and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature of Patient, Parent or Guardian

Please print name of Patient, Parent or Guardian

_____ _____
Date Relationship to patient