Patient Registration Form

imagecare DENTAL

Patient Information

Today's Date: Reason for this visit:

Patient's Name: DOB: SS#:

Last: First: Middle:

Address: City: State: Zip:

Home#: Work#: Cell#:

DL#: Sex: ☐ M ☑ F Marital Status:

Employer: Email:

Person to contact in an emergency: Home#: Work#:

Pavlina Georgieva Aladjova 0886561486 05286254186

If patient is a minor, give parent or guardian's name:

Pavlina Georgieva Aladjova

How did you hear about our office?

Pavlina Georgieva Aladjova

Dental Insurance Information

Insured's Name: Relation to patient:

Insured's SS#: DOB:

Insured's Address (*if different than above*):

City: State: Zip:

Insured's Employer: Insurance Company:

Employer: Email:

Claims Address:

Phone#: Group#: Effective Date of coverage: 12/8/15

How did you hear about our office?

Pavlina Georgieva Aladjova

The information above is true and correct to the best of my belief. I authorize any provider of services to furnish any information requested. I also hereby authorize my Dental Plan Administrator to release or obtain from my organization or person information that may be necessary to determine benefits payable under the group benefits with the Dental Benefit Plan. A Photostat copy of this authorization shall be considered as effective and valid as the original.

I understand that I am responsible for all of the charges for all services rendered to me or any member of my family. I understand an assessment of $50 will be charged to my account if I fail to cancel any appointment without at least 48 hours notice.

Although I have requested the dentist to bill my insurance company on my behalf, I clearly understand that it is still my responsibility to make sure that the bill is paid within 45 days. If for any reason, my insurance company does not pay any portion of my bill, I further agree to make prompt payment of the bill.

I hereby authorize payment directly to the provider of the dental benefits otherwise payable to me.

Signed: Pavlina Georgieva aladjobva Date: 12/08/2015

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How did you hear about us?

Patient Name: Pavlina Georgieva aladjobva

Date: 12/08/2015

Please take a moment and let us know how you first heard about us.
Please check all that apply:

- ☑ Referral from a friend, family or co-worker
  - Name: Pavlina Georgieva aladjobva
- ☑ Internet
  - ☑ Internet search for a dentist in Plano
  - ☑ Internet search for Imagecare Dental
  - ☑ Imagecare Website
  - ☑ Internet advertising (on top and right side of web page)
  - ☑ Reading Online Reviews

    What search engine did you use?

    ☑ Google ☑ Bing ☑ MSN ☑ Yahoo ☑ Other
- ☑ Direct Mail from Imagecare Dental
- ☑ Dental Insurance Website
- ☑ Imagecare Digital Sign
- ☑ Other, Please describe:

Why did you choose us over other offices?

Thank you!

SUBMIT