



Registration/Dental Insurance Form

Patient Information

Date _____

Social Security Number _____

Patient Name _____

Last Name

First Name

Middle Initial

Address _____

City _____

State _____ Zip _____

E-mail _____

Sex M F Age _____

Birthdate _____

Married Widowed Single Minor

Separated Divorced Partnered for _____ years

Occupation _____

Patient Employer/School _____

Employer/ School Address _____

Employer/School Phone (_____) _____

Spouse's Name _____

Birthdate _____

SS # _____

Spouse's Employer _____

Whom may we thank for referring you? _____

Dental Insurance

Insurance Policy Holder _____

Relationship to Patient _____

Insurance Co. _____

Group # _____ Patient ID # _____

Is patient covered by additional insurance? Yes No

Subscriber's Name _____

Birthdate _____ SS # _____

Relationship to Patient _____

Insurance Co. _____

Group # _____ Patient ID # _____

ASSIGNMENT AND RELEASE

I certify that I, and/ or my dependent(s), have insurance coverage with

_____ and assign directly to

Name of Insurance Company(ies)

Dr. Davies 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(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will continue for as long as I am a patient of Dr. Davies.

Signature of Patient, Parent, Guardian or Personal Representative

Please Print Name of Patient, Parent, Guardian or Personal Representative

Date

Relationship to Patient

Phone Numbers

Home (_____) _____ Work(_____) _____ Ext. _____ Cell Phone (_____) _____

Spouse's Work (_____) _____ Best time and place to reach you _____

IN CASE OF EMERGENCY, CONTACT (Specify someone who does not live in your household.)

Name _____ Relationship _____

Home Phone (_____) _____ Work Phone (_____) _____

I prefer to be addressed as: _____

(Mr., Mrs., Ms., Dr., by first or nickname)